



Consumer Loan Hardship Request Application

Borrower Name	Co-Borrower Name
Account Number(s)	Account Number(s)
Select one:	
<input type="checkbox"/> My hardship is expected to last less than 90 days I would like a 3-month payment deferment.	<input type="checkbox"/> My hardship is expected to last more than 90 days. I would like a loan modification.
Fax completed application to: Consumer Loan Servicing Department at 503.283.5196	Fax completed application to: Consumer Loan Servicing Department at 503.283.5196
Mail signed documents to: United Advantage NW FCU Consumer Loan Servicing Department P.O. Box 11067 Portland, OR 97211-0067	Mail signed document to: United Advantage NW FCU Consumer Loan Servicing Department P.O. Box 11067 Portland, OR 97211-0067
Email Documents to: Camron@uanw.org	Email Documents to: Camron@uanw.org

The following documentation MUST be included to determine eligibility to Determents and Loan Workouts:

1. Financial Analysis Form
2. Signed hardship letter explaining the cause of the delinquency or imminent (future) delinquency accompanied WITH a signed Hardship Affidavit (see form below).
3. Copy of current auto insurance policy with all borrowers as drivers (auto loans only).

The following documentation also MUST be included to determine eligibility for Loan Workouts:

1. Copies of your two most recent pay stubs, including unemployment (for each borrower on the loan).
2. If self-employed, a current copy of your most recent business tax return (including Schedule "C", 0165, 1120"S", or 1120 and K-1 if applicable), income statement, balance sheet, statement of owner's equity, a 6-month profit and loss statement and a copy of your most recent personal Federal Tax Return.
3. Signed 4506-T (for each borrower on the loan-see form below).

I/We understand and realize that the financial information being provided will be used by the Credit Union to analyze my options with respect to my consumer loans with the Credit Union. I/We further understand and acknowledge that any action taken by the Credit Union will be made in strict reliance on the financial information I provided herein. I/We understand that the Credit Union may need to obtain a credit report to continue processing a hardship application request. **I/We understand signing this analysis authorizes United Advantage NW Federal Credit Union to obtain a credit report if necessary.** By signing below, we certify that the information and documentation provided is true and correct to the best of my/our knowledge.

Borrower Signature	Date
Co-Borrower Signature	Date



Financial Analysis Form

Borrow Name	Co-Borrower Name
Account Number(s)	Account Number(s)
Daytime Phone (include area code)	Daytime Phone (include area code)
Alternate Phone (include area code)	Alternate Phone (include area code)
Best time to reach you:	Best time to reach you:
Email Address:	Email Address:

Number of individuals in Household:	Have you ever filed for bankruptcy? <input type="checkbox"/> Yes When? _____ <input type="checkbox"/> No				
Is bankruptcy in progress or expected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had any property repossessed or foreclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your home listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, asking price: \$_____		
Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide information for you second mortgage (attach additional pages if necessary)				
	Company Name	Interest Rate	Payment Amount	Balance	

EMPLOYMENT HISTORY	Borrower	Co-Borrower	
Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How Long?	_____ Years _____ Months	_____ Years _____ Months	
Name of present employer			
If self-employed, name of company			
INCOME	Borrower	Co-Borrower	Total
Gross salary/wages	\$	\$	\$
Unemployment income	\$	\$	\$
Child support/alimony	\$	\$	\$
Disability income	\$	\$	\$
Rental income	\$	\$	\$



Assets/ Liabilities

If you own real estate in addition to you personal residence, please attach a complete list of property addresses/name(s) of lender/lender's address and phone number/account numbers/monthly payment/amount owed/estimated value & rental income.

ASSETS	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Account(s)	\$	\$	\$
Savings(s)	\$	\$	\$
IRA / 401(k) / Keogh Accts	\$	\$	\$
Stocks / Bonds / CD(s)	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$
EXPENSES	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Mortgage / Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner Associations Dues	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes <small>(if not escrowed and included in your current mortgage payment)</small>	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (Hazard) Insurance <small>(if not escrowed and included in your current mortgage payment)</small>	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groceries / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Electric / Telephone / Cable / Cell Phone / Etc.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



Hardship Affidavit

(Please include a letter to explain your situation)

Account Number(s)	
Borrower Name	Co-Borrower Name
Address	
City / State / Zip	

My checkmark below indicates the event(s) that have contributed to my inability to pay:

<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I lost my job and now an unemployed.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	My employer reduced my pay. Overtime eliminated regular hours or base pay reduction.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I am underemployed. I lost my job, but my current job pays less than my previous job.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	A borrower or primary wage earner in the household has died.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I am self-employed and have endured a decline in business earnings.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	My spouse, domestic partner or Co-Borrower has been incarcerated in jail.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I have suffered permanent or short-term disability.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	A serious illness has impacted a household member.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I am now divorced.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I am now separated.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	My employer has suffered a natural or man-made disaster, impacting my income (e.g. wild fires, floods, hurricane, etc.)
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	A family member has suffered a disability or illness that results in an increase in uninsured major medical expenses.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	My house has been damaged by a natural or man-made disaster.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I am not working or receiving any income.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	I am overextended on all my credit because I have been using credit cards, home equity loans or other credit to pay my monthly loan payments, mortgage payments, medical obligations, food expenses or utility bills.
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	Other (please explain):
<input type="checkbox"/> Borrower	<input type="checkbox"/> Co-Borrower	Other (please explain):

I hereby represent that the identified event has occurred and is the cause of my inability to pay my account(s)/loan(s). Further, I understand and acknowledge United Advantage NW Federal Credit Union may investigate the accuracy of the identified event(s), such as by requiring me to provide supporting documentation. I understand that if I misstate the nature or occurrence of the event(s) or fail to provide any required documentation, that United Advantage NW Federal Credit Union may, in its sole discretion, declare me in default under the Agreement, declare the Agreement null and void, and re-commence any repayment or collection activities.

Borrower Signature	Date
Co-Borrower Signature	Date