


# HARDSHIP APPLICATION

Thank you for contacting us regarding your current financial situation and submitting an application for hardship assistance. If you are experiencing a temporary or long-term hardship and need help, a thorough evaluation of your current financial status and ability to make loan payments will be completed.

In order to prevent delays in processing your application, please provide all documents as shown on page 4 with your complete application. Applications can be submitted by mail, email or fax:

Mail	Email	Fax
Kings Federal Credit Union 1415 W. Lacey Blvd. Hanford CA 93230	cudl@kingsfcu.com	559-582-3236

For additional questions, please call us at 559-582-4438

 <p><b>Important Reminder</b></p>	<p>Please continue to make your regularly scheduled loan payments while your application is being processed and reviewed for consideration, which may take up to 30 days from the date of the completed application.</p>
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Borrower's Name:		
Social Security Number:	Email Address:	
Current Mailing Address:		
Current Property Address:		
Cell Phone:	Home Phone:	Work Phone:
Employer:	Time with Employer:	

Co-Borrower's Name:		
Social Security Number:	Email Address:	
Current Mailing Address:		
Current Property Address:		
Cell Phone:	Home Phone:	Work Phone:
Employer:	Time with Employer:	

Gross Monthly Income:	
Unemployment/Disability Income:	
Child Support/Alimony Received*:	
Rents Received:	
Other (Specify):	
Total:	

Gross Monthly Income:	
Unemployment/Disability Income:	
Child Support/Alimony Received*:	
Rents Received:	
Other (Specify):	
Total:	

\* Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

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## APPLICATION DETAILS

1. I am having problems making my monthly payment because of financial difficulties created by:  
(Check all applicable options)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unemployment      | <input type="checkbox"/> Temporary Layoff            | <input type="checkbox"/> Divorce / Separation |
| <input type="checkbox"/> Illness           | <input type="checkbox"/> Disability                  | <input type="checkbox"/> Death of Spouse      |
| <input type="checkbox"/> Reduced Income    | <input type="checkbox"/> Business Failure            | <input type="checkbox"/> Medical Bills        |
| <input type="checkbox"/> Military Service* | <input type="checkbox"/> Other: Please Specify _____ |   |

\* Please select the Military Service check box if you are a Military Service member who is currently on Active Duty or has been on Active Duty within the last 12 months.

2.  I believe that my hardship is permanent.

I believe that my temporary hardship should be over by: \_\_\_\_\_ (required)

3.  Please list all loans with Kings Federal Credit Union that you are requesting assistance for:

Loan Type(s) (Check all options that apply):

- |                                       |   |   |                                     |                                     |
|---------------------------------------|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Loan 1       | <input type="checkbox"/> Loan 2         | <input type="checkbox"/> Loan 3                       | <input type="checkbox"/> Loan _____ | <input type="checkbox"/> Loan _____ |
| <input type="checkbox"/> Fixed Equity | <input type="checkbox"/> Line of Credit | <input type="checkbox"/> Other: Please Specify: _____ |                                     |                                     |

4. Please include additional details regarding your hardship situation (required):

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To Whom It May Concern:

I/We have applied for hardship assistance with Kings Federal Credit Union (KFCU). As part of the application process, Kings Federal Credit Union may request and verify information contained in my/our application and other documents required in connection with the application. Such information includes, but is not limited to: loan payoff amounts, loan amount, balances, credit reports, and any other similar information.

If temporary assistance is approved and the extension of the current terms or due date change is completed. I/We hereby agree to pay the balance remaining due on this note with the understanding that all provisions of the original note, except those changed by this request, continue in full force and effect.

I also understand that the payout consideration from my GAP agreement provider may be affected by any and all skipped payments.

If KFCU needs to contact me to service my account with KFCU or collect amounts I owe to KFCU, I authorize KFCU to contact me at any number I provide, or from which I call KFCU, or at which KFCU reasonably believes it may reach me. KFCU may contact me by calling or texting or any other appropriate means. I agree KFCU may contact me on a mobile, wireless, cell phone or similar device even if I am charged for it and I further agree that I am the subscriber/owner of the device's account or have been granted the authority by the subscriber/owner of such device to provide KFCU with the number and the owner consents to such contact.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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## REQUIRED HARDSHIP DOCUMENTATION

IF YOUR HARDSHIP IS DUE TO:	PLEASE PROVIDE:
<p><b>I.</b> Unemployment</p>	<ul style="list-style-type: none"> <li>• Most Recent Checking Account Statement</li> <li>• Employment Discharge Letter (if applicable)</li> <li>• Unemployment Benefits Award Letter, <b>OR</b> most recent unemployment benefit disbursement</li> </ul>
<p><b>II.</b> Reduction of Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)</p>	<ul style="list-style-type: none"> <li>• Most Recent Checking Account Statement</li> <li>• Evidence establishing reduction of income</li> </ul>
<p><b>III.</b> Long-Term or Permanent Disability; serious illness of yourself or dependent family member</p> <p><b>IMPORTANT:</b> This application is only for temporary hardship requests. A temporary hardship application is defined as a financial situation under 6 months.</p>	<ul style="list-style-type: none"> <li>• Most Recent Checking Account Statement</li> <li>• Written Statement from Member, or other documentation verifying disability or illness</li> </ul> <p><b>NOTE:</b> Detailed medical information is not required and information from a medical provider is not required</p>
<p><b>IV.</b> Death of a family member or wage earner in the household</p>	<ul style="list-style-type: none"> <li>• Death Certificate, <b>OR</b></li> <li>• Obituary (newspaper or memorial webpage)</li> </ul>
<p><b>V.</b> Divorce or Legal Separation</p>	<ul style="list-style-type: none"> <li>• Divorce Decree signed by the court, <b>OR</b></li> <li>• Separation agreement signed by the court, <b>OR</b></li> <li>• Current evidence showing separate addresses</li> </ul>
<p><b>VI.</b> Business Failure</p>	<ul style="list-style-type: none"> <li>• Dissolution documents evidencing closure of business, <b>OR</b></li> <li>• Two months most recent bank statements evidencing the cessation of business activity, <b>OR</b></li> <li>• Notice of Bankruptcy filing for business</li> </ul>
<p><b>VII.</b> Other: Hardship that is not covered above</p>	<ul style="list-style-type: none"> <li>• Most Recent Checking Account Statement</li> <li>• Verification/documents supporting explanation of hardship</li> </ul>