

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 to us using one of the following options:**

Login: www.PenFed.org/upload. Enter username and Click Login. Go to **I want to...** column on the right side of the screen and select **Secure Document Upload**. Select Category: **Financial Hardship**, choose the appropriate **Document Type** for your uploaded document. Read the disclosure and check the box. Click **Submit**.

Mail: Pentagon Federal Credit Union, PO BOX 1432, Alexandria, VA 22313; Attention: Consumer Credit Workouts

Questions, please call us at 1-800-247-5626 - Si tiene alguna pregunta, por favor llame al 1-800-247-5626

***IMPORTANT:** Submitting a complete application package with supporting documentation will help expedite the review and decision process.*

Note: 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.

HARDSHIP APPLICATION

I. I am having problems making my monthly payment because of financial difficulties created by (check all options that apply):

Military Service*	Unemployment	Divorce / Separation	Illness
Disability	Death of Spouse	Reduced Income	Business Failure
Medical Bills	Job Relocation	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. For additional information, please call 1-800-247-5626.

II. I believe that my hardship is:

Permanent Temporary, should be over by: _____

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

PenFed Loan Number(s): _____

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

Credit Card	Auto Loan	Personal Loan	Bill Consolidation Loan
Other: Please Specify: _____			

IV. Please include a detailed explanation regarding your hardship situation (required, this field must be completed):

BORROWER FINANCIAL STATEMENT

Borrower's Name:	
Date of Birth:	Social Security Number:
Current Mailing Address:	
Current Property Address (if different from Mailing Address):	
Email Address:	Home Phone:
Cell Phone:	Work Phone:
Employer:	Time with Employer:

Co-Borrower's Name:	
Date of Birth:	Social Security Number:
Current Mailing Address:	
Current Property Address (if different from Mailing Address):	
Email Address:	Home Phone:
Cell 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.

PROPERTY INFORMATION

Property Address	Property Type	Occupancy Type	Present Market Value	Amount of Mortgage	Gross Rental Income (Monthly)	Mortgage Payment (Monthly)	Insurance, Maintenance, Taxes & Misc. (Monthly)	Net Rental Income (Monthly)

I. Are there any other liens or judgments against the property?

No Yes If yes, please explain: _____

II. Are there any outstanding judgments against you or are you party to a lawsuit?

No Yes If yes, please explain: _____

III. Have you ever filed bankruptcy?

No Yes If yes, date: _____

I certify that all statements herein are true and complete. I acknowledge that Section 104 of Title 18 of the U.S. Code makes it a federal crime for anyone to make false statement or reports or willfully overvalue property or securities for the purpose of including or influencing the action of a federal credit union on an application for a loan, extension or renewal of the same, or for the acceptance, release, or substitution of collateral. I expressly authorize any person, partnership, credit reporting agency, association, firm, corporation, or personnel office or officer, upon your request, to furnish you a credit report or other information concerning me relevant to the review and evaluation of this application or any subsequent re-evaluation thereof.

Borrower Signature

Date

Co-Borrower Signature

Date



Fixed Expenses	Amount (Monthly)
Rent/Mortgage	
Auto Loan(s)	
Student Loan(s)	
Personal Loan(s)	
Credit Card(s)	
Private Loan(s)	
PayDay/Title Loan(s)	
Child Care	
Child Support/Alimony	
Auto Insurance	
Life Insurance	
TSP/401(k) Loan Repayment	
HOA Fees	
Taxes/Insurance (if not escrowed)	
Other (Specify):	
Fixed Total	

Monthly Income		Amount (Monthly)
Member 1	Total from Page 2	
Member 2	Total from Page 2	
Total Monthly Income		

*All pages of the application must be completed and all applicable sections must be signed by all parties. If something is not applicable, please notate "N/A" or "\$0". List values as monthly payments, NOT account balances. Please total each section.

VERIFICATION OF HARDSHIP

In addition to the verification of hardship below, please include the following documentation:

If you are:	The required hardship documentation is:
All Applicants	<ul style="list-style-type: none"> Your two most recent bank statements for all checking and savings accounts, including all pages All pages of your most recent retirement/investment statements for all accounts*
A W-2 Wage Earner	<ul style="list-style-type: none"> Two most recent paystubs with year-to-date information*
Receiving SSI, Pension, or Disability	<ul style="list-style-type: none"> Award letter or proof of receipt
Self-Employed	<ul style="list-style-type: none"> Two most recent years of federal tax returns Year-to-date profit and loss statement

* Retirement/investment statements waived for unemployed members

If your hardship is due to:	The required hardship documentation is:
I. Unemployment	<ul style="list-style-type: none"> Employment Discharge Letter, OR Unemployment Benefits Award Letter, OR Copy of the most recent unemployment benefits disbursement, OR Documents showing financial history before and after employment status change And the last 3 months of bank statements for all checking and savings accounts showing financial history before and after employment status change
II. Reduced income	<ul style="list-style-type: none"> Evidence establishing reduction of income (e.g., documents showing before and after reduction occurred, paystubs two before and two after decrease in pay happened) Evidence establishing reduction of Overtime (e.g., paystubs two before and two after decrease in pay happened) And provide separation notice, termination letter or resignation letter
III. Long-Term or Permanent Disability; serious illness of yourself or dependent family member	<ul style="list-style-type: none"> Documentation verifying how disability or serious illness affected your finances (e.g., medical bills, current/recent provider statement of billing and reduction of income/hours of work, etc.). We do not consider explanation of benefits a valid verification And Social Security award letter for benefits (if applicable) <p>NOTE: You do not need to provide detailed medical information and/or information from a medical provide to satisfy this requirement</p>
IV. Passing of spouse/wage earner	<ul style="list-style-type: none"> Death Certificate, OR Obituary(newspaper or memorial) Documents to support paying additional expenses (e.g., out of pocket funeral or traveling expenses)
V. Divorce or Legal Separation	<ul style="list-style-type: none"> Divorce Decree signed by the court, OR Separation agreement signed by the court, OR Current evidence showing separate addresses, OR Documents to support paying additional expenses (e.g., new lease agreement, out of pocket legal fees, deposits for new utility services, etc.)

*Documents cannot be older then 90 days

REQUIRED HARDSHIP DOCUMENTATION

If your hardship is due to:	Please provide:
VI. Job Relocation	<ul style="list-style-type: none"> • Military service members: Permanent Change of Station (PCS) orders showing transfer • Non-military employment transfers: Copy of signed offer letter OR • Notice from employer showing transfer to new location • Documentation that reflects the amount of relocation assistance provided • And documents to support paying additional expenses (e.g., out of pocket moving expenses or deposits for new housing services)
VII. Medical Bills	<ul style="list-style-type: none"> • Documentation verifying how medical bills affected your finances (e.g., copy of medical bills, current/recent provider statement or billing, (explanation of benefit is not considered verification), reduction of income/hours of work and documents to support additional expenses being paid)
VIII. Military Service	<ul style="list-style-type: none"> • Documents showing currently on active duty or have been within the last 12 months • Evidence establishing reduction of income (e.g., documents showing before and after reduction occurred) • And documents to support paying additional expenses (e.g., out of pocket and moving expenses)
IX. Self-employment	<ul style="list-style-type: none"> • Dissolution documents evidencing closure of business, OR • Two months most recent business bank statements evidencing the cessation of business activity, OR • Notice of bankruptcy filing for the business, OR • Most recent tax returns and profit and loss statements for current and previous year (Must be signed and dated) • Two months recent tax returns and profit and loss statements for current and previous year (Must be signed and dated) • Evidence establishing reduction of cash flow (e.g., documents showing before and after reduction occurred)
X. Other	<ul style="list-style-type: none"> • Verification/documents supporting explanation of financial impact by showing income before and after the event (e.g., home or large car repair bill not covered by insurance or insurance claim denial, unexpected medical bill for pet treatment)

***Documents cannot be older than 90 days**

BORROWER'S AUTHORIZATION

Borrower Name: _____ SSN: _____

Borrower Name: _____ SSN: _____

Re: Account No: _____ Phone: _____

Date: _____

To Whom It May Concern,

I/We have applied for hardship assistance with Pentagon Federal Credit Union. As part of the application process, Pentagon Federal Credit Union or one of their agents, may verify information contained in my/our application and other documents required in connection with the application.

I/We authorize Pentagon Federal Credit Union to provide to any third party vendor, which may include, but is not limited to, title companies, settlement agents and mortgage insurance providers, any and all information and documentation that they request in order to process my application. Such information includes, but is not limited to: loan payoff amounts, loan amount, balances and lien payoff amounts, subordinations, credit reports, state and federal tax lien information, previously released mortgage accounts, and any other similar information.

If PenFed needs to contact me to service my account with PenFed or collect amounts I owe to PenFed, I authorize PenFed to contact me at any number I provide, or from which I call PenFed, or at which PenFed reasonably believes it may reach me. PenFed may contact me by calling or texting or any other appropriate means. I agree PenFed 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 PenFed with the number and the owner consents to such contact.

By requesting assistance on my account(s), I understand I may not be eligible for future financing with PenFed for a period up to six months or longer and any open lines of credit with PenFed will be closed.

_____
Signature of Borrower_____
Signature of Co-Borrower_____
Print Name_____
Print Name