

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 3 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 800-247-5626 Si tiene alguna pregunta, por favor llame al 800-247-5626

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

APPLICATION DETAILS

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

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 temporary hardship should be over by: _____
A temporary hardship application is defined as a financial situation under 6 months. If you are expecting your circumstances to be longer, please complete the [Permanent Hardship Application](#).

- 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:

- IV. Have you ever filed Bankruptcy? No Yes If yes, date: _____

- V. Please include additional details regarding your hardship situation (required, this field must be completed):

BORROWER'S AUTHORIZATION

Borrower Name: _____ SSN: _____

Co-Borrower Name: _____ SSN: _____

Re: Account Number: _____ 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 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.

If PenFed needs to contact me to service my account with PenFed or collect amounts I owe to PenFed, I authorize Pen Fed 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, 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.

X

Signature

X

Signature_____
Printed Name_____
Printed Name

REQUIRED HARDSHIP DOCUMENTATION

If your hardship is due to:	Please provide:
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><u>NOTE:</u> You do not need to provide detailed medical information and/or information from a medical provider 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.)
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)

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

REQUIRED HARDSHIP DOCUMENTATION

If your hardship is due to:	Please provide:
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**