

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 your local branch, by mail, or fax:

Mail	Fax
Pentagon Federal Credit Union 2930 Eisenhower Ave Alexandria, VA 22314	866-298-2635 703-633-7092 (local)

For additional questions, please call us at 1-800-247-5626 / Si tiene alguna pregunta, por favor llame al 1-800-247-5626

Important Reminder 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 | Equity Line of Credit |
| Fixed Equity | Mortgage | Other: Please Specify: _____ | | |

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

BORROWER'S AUTHORIZATION

Borrower Name: _____

Co-Borrower Name: _____

Re: Account Number: _____

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 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.

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, OR • Copy of the most recent unemployment benefit disbursement
II. 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)	<ul style="list-style-type: none"> • Evidence establishing reduction of income
III. Long-Term or Permanent Disability; serious illness of yourself or dependent family member <u>IMPORTANT:</u> This application is only for temporary hardship requests. 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 .	<ul style="list-style-type: none"> • Written Statement from Member, or other documentation verifying disability or illness <p><u>NOTE:</u> Detailed medical information is not required and information from a medical provider is not required</p>
IV. Death of a family member or wage earner in the household	<ul style="list-style-type: none"> • Death Certificate, OR • Obituary (newspaper or memorial webpage)
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
VI. Business Failure	<ul style="list-style-type: none"> • Dissolution documents evidencing closure of business, OR • Two months most recent bank statements evidencing the cessation of business activity, OR • Notice of Bankruptcy filing for business
VII. Other: Hardship that is not covered above	<ul style="list-style-type: none"> • Verification/documents supporting explanation of hardship

