



TEMPORARY FINANCIAL HARDSHIP APPLICATION

This application allows you to apply for **TEMPORARY** (under six months) financial hardship assistance (temporary payment extension) with your **existing, current loans** at Los Angeles Federal Credit Union. After submitting this application, a review of your financial situation & ability to make loan payments will occur, including pulling your credit report for loan deferment purposes.

To speed up processing, **make sure your application includes the documents on page 3**. When finished, mail, email, or fax it, or bring everything to a LAFCU branch.

Mail	Email (for Consumer or RE Loans)	Fax
Los Angeles Federal Credit Union P.O. Box 53032 Los Angeles, CA 90053-0032	SpecialServices@lafcu.org	Special Services: (818) 552-1126

For questions, call (877) 638-6361

IMPORTANT: Continue to make your regularly scheduled loan payments while your application is being processed and reviewed for consideration; this could take up to 30 days from the date the application was submitted.

APPLICATION DETAILS

I. I CANNOT make my monthly payment because of these issues (check all that apply):

Unemployment	Disability	Job Relocation	Military Service*
Business Failure	Divorce/Separation	Medical Bills	Reduced Income
Death of Spouse	Illness	Other (please specify) _____	

*Check the "Military Service" box if you are on Active Duty now or have been in the last 12 months.

II. My temporary hardship should be finished by: _____

A temporary hardship is a financial issue that you feel should last under 6 months. Contact us if you believe it will be longer.

III. List all loans with Los Angeles Federal Credit Union for which you are requesting:

LAFCU Loan Number(s): _____

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

Credit Card	Vehicle Loan	Personal Loan	Debt Consolidation Loan	Home Equity Line of Credit
Fixed Equity	Home Loan	Other (specify): _____		

IV. Provide details about your temporary hardship issue (*required*):

TEMPORARY FINANCIAL HARDSHIP APPLICATION (cont.)

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 IMPORTANT: 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 <u>Long-Term Hardship Application</u> (located on www.MyLAFUCU.org).	<ul style="list-style-type: none"> • Written Statement from Member, or other documentation verifying disability or illness NOTE: Detailed medical information is not required and information from a medical provider is not required
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

