

**WORKOUT LOAN HARDSHIP AFFIDAVIT
ACKNOWLEDGEMENT AND AGREEMENT**



Applicant Name: _____

Account Number: _____

Co-Applicant Name: _____

I am requesting review of my San Diego County Credit Union (SDCCU®) loan(s) and consideration of a temporary modification and/or change in terms. Please **check all** of the options that apply regarding difficulty making the payments because of a financial hardship:

- Household income has been reduced or lost.
- Household financial circumstances have changed. For example: death in the family, serious or chronic illness, permanent or short-term disability, caring for elderly or ill relative, divorce/separation, etc.
- Expenses have increased.
- Monthly debt payments are excessive and I am overextended with my creditors.
- Cash reserves, including all liquid assets, are insufficient to maintain my current payment(s) and cover basic living expenses at the same time.
- There are other reasons I cannot make my SDCCU loan payment(s). I have provided details in writing.

I have **attached a hardship letter** that explains the circumstances that have led up to my need/hardship and my subsequent inability to make payments to SDCCU. I have identified what steps I have already taken to solve the problem and exactly how I am hoping that SDCCU can provide temporary assistance. I have also identified resources that I have to help contribute to a solution.

If you have a vehicle loan with SDCCU:

- | | | |
|-----------------------------------------------------|------------------------------|-----------------------------|
| Do you intend to keep the vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are the registration payments current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are your auto insurance policy payments current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the vehicle for sale? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received an offer to purchase the vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, how much is the offer? \$ _____

If the sale of the vehicle will create a deficiency balance, how much can you contribute towards the payoff of the loan? \$ _____



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Account Number: _____

Co-Applicant Name: _____

1. Under penalty of perjury, I certify that all of the information in this Hardship Affidavit and the event(s) identified in the attached hardship letter are truthful.
2. I understand and acknowledge that SDCCU may investigate the accuracy of my statements, may require me to provide supporting documentation and that knowingly submitting false information may violate applicable laws.
3. I understand that SDCCU will pull a current credit report on all borrowers.
4. I understand that if I have intentionally defaulted on my existing obligation, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I do not provide all of the required documentation, SDCCU may pursue remedies as outlined in the original loan agreement.
5. I certify that if this Hardship Affidavit is in connection with the request to modify an SDCCU Home Loan, the property is owner-occupied and is not subject to a condemnation notice.
6. I certify that I am willing to commit to credit counseling if requested by SDCCU as a condition of the Workout Loan application process.
7. I certify that I am willing to provide all requested documents and to respond to all SDCCU communications in a timely manner.
8. I understand that SDCCU will use this information to evaluate my eligibility for a loan modification or other workout, but SDCCU is not obligated to offer me assistance based solely on the representations in this Hardship Affidavit.
9. I understand that SDCCU will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security Number, credit score, income, payment history and information about account balances and activity. I understand and consent to the disclosure of my personal information as is necessary to determine eligibility for the Workout Loan Program.

Applicant Signature

Date

Co-Applicant Signature

Date

