

Borrower Name: _____

Account Number: _____

These Items are required for ALL Workout Loan requests:

- A Hardship Letter detailing your current situation, signed by all Borrowers.
- Completed Personal Budget Analysis.
- Completed Loan Application.
- Copies of your most recent paystub(s) to cover a 30-day period and most recent W-2(s).
- If you were recently laid off, please provide your application for unemployment. If you are already receiving Unemployment, Disability, Retirement or Social Security, please provide award letter(s) and paystub(s).

Date unemployed (if applicable) _____ Previous occupation _____

- If self-employed or 1099 employee, signed copies of Federal Tax Return(s) and/or Profit and Loss (if self-employed, Corporation, LLC, etc.).
- Copies of three (3) most recent bank statements for ALL non-SDCCU accounts (checking & savings).
- Copies of recent broker or retirement statements for ALL non-SDCCU accounts (if applicable).

You may also be asked to provide additional documents including:

- Signed IRS Form 4506-T (request for transcript of Tax Return) for each Borrower (enclosed).
- Any additional supporting source(s) which may include copies of recent bank statements, court documentation, copy of divorce decree, separation agreement or other written agreements.
- Signed Third Party Authorization Release Form (applicable if an attorney and/or counseling service is assisting you) (enclosed).

Please gather all of the required information indicated above and either;

- 1) Apply in person with your complete packet at any of our convenient branch locations.**
- 2) Mail your completed packet to:**

**San Diego County Credit Union
Attn: Collections Department
P.O. Box 269040
San Diego, CA 92121-9040**

If you have any additional questions about your Workout Loan, please call us at (877) 732-2848.

We will determine what alternatives are available and a decision based on your financial needs will be made. Applying for assistance does not guarantee approval.

Sincerely,

Collections Department

PLEASE NOTE: It is very important to disclose all of your assets and income, as well as any expected changes. During the review process, a current credit report will be obtained for all Borrowers. You are required to make your loan payments while your application is being evaluated. Late fees and late payment reporting to credit bureau(s) will occur if your payments are not kept up-to-date. During the review process, we will review all open credit lines and based on your current creditworthiness lines may be suspended.



**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.



PO Box 261209 • San Diego, CA 92196-1209 • (877) 732-2848 • sdccu.com
Federally insured by NCUA • Equal Housing Opportunity • NMLS #580585

**WORKOUT LOAN HARDSHIP AFFIDAVIT
ACKNOWLEDGEMENT AND AGREEMENT**



Applicant Name: _____

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



PO Box 261209 • San Diego, CA 92196-1209 • (877) 732-2848 • sdccu.com
Federally insured by NCUA • Equal Housing Opportunity • NMLS #580585

CONSUMER WORKOUT LOAN APPLICATION

Married applicants may apply for individual accounts, but the Co-Applicant section must be completed if you are relying on community property for payment. All income of married individuals will be considered community property unless otherwise indicated.

TYPE OF WORKOUT LOAN

Please check the loan(s) with SDCCU you would like assistance with:

- Credit Card Vehicle Loan Line of Credit
 Signature Loan RV, Boat or Motorcycle Loan

APPLICATION TYPE

- Individual
 Joint

PLEASE TELL US ABOUT YOURSELF

Full Name (First, Middle, Last)		Account Number		<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Home Address			City	State	Zip Code
Years at Current Residence	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Rent/Mortgage	Email Address		
Social Security Number		Date of Birth (Month/Day/Year)	Home Phone	Work Phone	Ext.
Previous Home Address (if less than 3 years at current address)			City	State	Zip Code
					Years at Previous Residence

PLEASE TELL US ABOUT YOUR EMPLOYMENT

Income from Alimony, Child Support or Separate Maintenance Payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

Employer		<input type="checkbox"/> Mark if unemployed	Position		
Years At Current Employer	Gross Monthly Income	Other Monthly Income	Source of Other Income		
		\$ _____	\$ _____		
Previous Employer (if less than 5 years at current employer)			Position		Years At Previous Employer

PLEASE TELL US ABOUT YOUR CO-APPLICANT

Full Name (First, Middle, Last)		Account Number			
Home Address			City	State	Zip Code
Years at Current Residence	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Rent/Mortgage	Email Address		
Social Security Number		Date of Birth (Month/Day/Year)	Home Phone	Work Phone	Ext.
Previous Home Address (if less than 3 years at current address)			City	State	Zip Code
					Years at Previous Residence

PLEASE TELL US ABOUT YOUR CO-APPLICANT'S EMPLOYMENT

Income from Alimony, Child Support or Separate Maintenance Payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

Employer		<input type="checkbox"/> Mark if unemployed	Position		
Years At Current Employer	Gross Monthly Income	Other Monthly Income	Source of Other Income		
		\$ _____	\$ _____		
Previous Employer (if less than 5 years at current employer)			Position		Years at Previous Employer

By signing, I/we represent and warrant that I/we have the financial ability and an intent to repay this loan. I/We agree to disclose all adverse facts which concern my finances to SDCCU®, which may affect my/our ability to repay this loan. I/We authorize any person, association, firm or corporation to furnish on request of SDCCU information concerning my/our affairs. [Section 1014, Title 18, U.S. Code, makes it a Federal crime to knowingly make a false statement or report in the application for the purpose of influencing SDCCU.] I/We agree that SDCCU may access the records of the California Department of Motor Vehicles from time to time to obtain my/our current mailing address and by so agreeing, I/we are waiving my/our rights under Section 1808.22 of the California Vehicle Code.

By signing, I/we certify and acknowledge that all information provided in this application is true and complete. I/we authorize SDCCU to obtain and verify my/our credit worthiness, employment history, income/assets and to obtain consumer reports.

 SIGNATURE OF APPLICANT

 DATE

 SIGNATURE OF CO-APPLICANT

 DATE

Step 1 - Draft a Hardship Letter, also known as a Letter of Explanation

Please write a SEPARATE letter and return it with this completed 2-page form.
 Tell us about the circumstances that have lead up to your need/hardship, and your subsequent inability to make payments by the due date(s). Please identify what steps you have already taken to solve the problem, and exactly how you are hoping that we can help. Do you need Deferred Payments/Payment Extensions, Lower Payments, or both, and why? What resources have you already used to remedy the situation, and what resources do you have left that might be used to contribute to a solution. Also, please provide any and all information that you think would help us understand the challenges that you are facing at this time. Thank you!

Step 2 - Please tell us about...

Yourself

Name _____ Age _____ Age of Dependents _____ Marital Status _____

Partner's Name _____ Age _____ Total in Household _____ Rent/Own _____

Street Address _____ Apt/Ste# _____

City _____ State _____ Zip _____ Years at Residence _____

Home Phone _____ Mobile Phone _____ Work Phone _____ E-mail _____

Employer _____ Job Title _____ Monthly Income _____ Years _____

Previous Employer _____ Job Title _____ (if less employed less than 3 years)

Partner's Employer _____ Job Title _____ Monthly Income _____ Years _____

Other Income Source: _____ Amount _____ Tax Refund _____

Your Assets

	Value (\$)	Automobiles	
		Year/Make/Model	Value (\$)
Market Value of Real Estate Owned	_____	_____	_____
Employer-Sponsored Retirement Plan(s) 401(k)/403(b)	_____	_____	_____
Individual Retirement Account(s) (IRA)	_____	_____	_____
Other Personal Investment(s)	_____	_____	_____
Savings Accounts and Cash	_____	_____	_____

Step 3 - Basic Monthly Expenses

Expense	Due Date	Monthly	Office Use	Expense	Annual	Monthly	Office Use
Rent/Mortgage				Child Care,Sports,Etc			
2nd Mortgage/HELOC				Cash Donations			
Home Owner's Assoc				Storage			
Gas & Electric				Other:			
Water/Sewer/Trash				Total Monthly Exp:			
Cable							
Internet				Periodic Expenses:			
Phone (Land Line)				Property Taxes			
Mobile Phone				Home/Rent Insurance			
Private Ins:Life/Dis/Etc				Home Maint/Repair			
CoPays/Prescriptions				Auto Reg and Smog			
Auto Insurance				Auto Maintenance/Repair			
Gasoline				Pets: Vet Exp/Grooming			
Groceries				Gifts:Birthdays/Holidays			
Meals Out				Vacation			
Clothing				Travel			
Dry Cleaning/Laundry				Education Expenses			
Hair/Nails/Cosmetics				Professional Dues			
Entertainment/Recr							
Gym				Total Periodic Exp:			
				TOTAL LIVING EXPENSES:			

Step 4 - Outstanding Financial Obligations

Please include all debts: mortgage, auto, credit cards, loans from family or friends, school loans, collection accounts, etc.

Creditor	Rate	Balance	MINIMUM Payment	How Much You Pay	Due Date

Consumer Subtotals:

Total Monthly Expenses:

Monthly Cash Flow: