



Hardship Assistance Application

Meijer Credit Union

*Request for hardship on mortgages contact:

Mortgage Department: (616) 784-4822 Option #3

*Request for hardship on all other loans contact:

Payment Solutions Department: (616) 466-5790

Fax: (616) 784-3442

Hours of Operation: M-W: 9am-5pm

TH-F: 8:30am – 5:30pm Sat: 9am – 12pm

www.meijercreditunion.com

If you are experiencing temporary or long-term financial hardship and need help, please complete, and submit all sections of this application to Meijer CU. In addition to IRS Form 4506-T, all other required pages are identified as "Return this to Meijer CU."

When you sign and date the forms within the Hardship Assistance Application, you will make important certifications, representations, and agreements, including certifying that all of the information is accurate and truthful.

1 Borrower Information

Loan Account #:	Loan Type:	Collateral Description: Vin# (if applies):
	<input type="checkbox"/> Mortgage	
	<input type="checkbox"/> Auto/Recreational	
	<input type="checkbox"/> Visa	
	<input type="checkbox"/> Unsecured	

BORROWER		CO-BORROWER	
Borrower's Name:		Co-Borrower's Name:	
Address:		Address:	
City:	State:	City:	State:
Zip:		Zip:	
Social Security Number: - -		Social Security Number: - -	
Date of Birth: / /		Date of Birth: / /	
Home Phone: () -		Home Phone: () -	
Cell or Work Phone: () -		Cell or Work Phone: () -	
Email:		Email:	

2 Income and Expenses for Borrower and Co-Borrowers

Net Wages	\$
Overtime	\$
Child Support/Alimony	\$
Non-taxable Social Security	\$
Taxable SS Benefits or other monthly income from Annuities or Retirement plans	\$
Tips, Commissions, Bonus and Self-Employed Income	\$
Rents Received	\$
Unemployment Income	\$
Food Stamps/Family Assistance	\$
Other Source of income	\$
Total	

Monthly Household Expenses/Debt

First Mortgage Payment (Primary Residence)		\$
Second Mortgage Payment (Primary Residence)		\$
Mortgage Payments on Other Real Estate Owned and Additional Mortgages		\$
Homeowners Insurance Escrowed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Property Taxes Escrowed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
HOA/Condo Fees/Property Maintenance		\$
Credit Cards/Installment Loan(s) (total minimum payment per month)		\$
Child Care		\$
Alimony/Child Support Payments		\$
Car Payments	# of Vehicles _____ <input type="checkbox"/> Lease <input type="checkbox"/> Financed	\$
Car Insurance		\$
Food		\$
Water/Sewer/Trash		\$
Gas/Electric		\$
Telephone/Internet/Cable		\$
Cell Phone		\$
Other expenses not listed		\$
Total		

****Notice:** Alimony, child support, or separate maintenance income do not have to be documented if you do not choose to have it considered for repaying this loan.

Household Assets

Checking Account(s)	\$
Savings/Money Market	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Estimated Real Estate Value of Primary Residence	\$
Pension Funds	\$
401k	\$
Annuities	\$
IRA's	\$
Other Assets not listed	\$
Total	

Any other liens (mortgage liens, mechanics lien, tax lien, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted a credit-counseling agency for help? If yes, please complete the counselor contact information below: Counselor's name: _____ Agency's Name: _____ Counselor's Phone number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed bankruptcy? If yes, which one: <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 File date: _____ Case#: _____ Has it discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of discharge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any Borrower an active duty service member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3 Required Income Documentation

<input type="checkbox"/> Do you earn a salary or hourly wage? <ul style="list-style-type: none"> Include paystub(s) reflecting the most recent 30 days' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer) 	<input type="checkbox"/> Are you self-employed. <ul style="list-style-type: none"> Include a complete, signed individual federal income tax return and as applicable, the business tax return and the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; or copies of bank statements for the business account for the last two months evidencing continuation of business activity.
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Hardship Affidavit

Date hardship began.	Date:
My situation is:	<input type="checkbox"/> Short term (under 6 months) <input type="checkbox"/> Medium term (6-12 months) <input type="checkbox"/> Long term (Greater than 12 months) <input type="checkbox"/> Permanent Hardship
Any details you would like to have considered that were not included on the application.	

I am having difficulty making my monthly payment because of reasons set forth below: (please check the primary reason and submit required documentation demonstrating your primary hardship)

If your hardship is:

Then the required Hardship Documentation is:

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Proof you are receiving unemployment. If you do not qualify for unemployment copy of rejection letter from unemployment and a termination letter if available.
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances out of your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> Proof of reduction in income (e.g. copy of check stubs showing reduction and a letter from your employer verifying reduction in hours, pay, or the loss of overtime.
<input type="checkbox"/> Increase in housing expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> Proof of the expense
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<input type="checkbox"/> If you are out of state or not a local residence please provide newspaper article
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Written statement from the borrower, or Other documentation verifying disability or illness Note: Detailed medical information is not required, And information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<input type="checkbox"/> Final divorce decree or final separation agreement OR <input type="checkbox"/> Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<input type="checkbox"/> Recorded quitclaim deed OR <input type="checkbox"/> Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary Or secondary wage earner	<input type="checkbox"/> Death certificate OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from Employer showing transfer to a new location or written explanation if employer documentation not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above:	<input type="checkbox"/> Written explanation describing the details of the hardship and any relevant documentation.

4 Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party, or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.

*An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to Meijer Credit Union via:

Mail: 2410 Gaynor Ave NW PO Box 141607 Grand Rapids, MI 49544

Fax: 616-784-3442

Email: collections@meijercreditunion.com (please send as a secure message)

We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. We will use the information you provided to help us identify the assistance you may be eligible to receive. Please do not send your account number or social security number if e-mailing this form, unless the message is secure.