

MEMBER SOLUTIONS

BORROWER		CO-BORROWER	
<i>BORROWER'S NAME</i>		CO-BORROWER'S NAME	
<i>SOCIAL SECURITY NUMBER</i>	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<i>HOME PHONE NUMBER WITH AREA CODE</i>	(BEST TIME TO CALL)	HOME PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)
<i>CELL PHONE NUMBER WITH AREA CODE</i>	(BEST TIME TO CALL)	CELL PHONE NUMBER WITH AREA CODE	(BEST TIME TO CALL)
<i>MAILING ADDRESS</i>			
<i>PROPERTY ADDRESS (F SAME AS MAILING ADDRESS, JUST WRITE SAME)</i>			
<i>Have you filed for bankruptcy? Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>If yes: Chapter 7</i> <input type="checkbox"/> <i>Chapter 13</i> <input type="checkbox"/> <i>Filing Date:</i> _____			
<i>Has your bankruptcy been discharged? Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>If yes, please provide a copy of the discharge order signed by the court.</i>			
<i>INVOLUNTARY INABILITY TO PAY</i>			
<i>I (We), _____, am/are requesting that TECU Credit</i>			
<i>Union review my/our financial situation to determine if I/we qualify for a workout option.</i>			
<i>I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):</i>			
<input type="checkbox"/> Curtailment of Income		<input type="checkbox"/> Marital Difficulties	
<input type="checkbox"/> Death in Family		<input type="checkbox"/> Military Service	
<input type="checkbox"/> Excessive Obligations		<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Illness in Family		<input type="checkbox"/> Other	
<input type="checkbox"/> Incarceration			
<i>Please provide a detailed explanation of the hardship on a separate sheet of paper.</i>			
<u>EMPLOYMENT</u>			
<i>BORROWER</i>	HOW LONG?	CO-BORROWER	HOW LONG?
<i>EMPLOYER:</i>		<i>EMPLOYER:</i>	
<i>ADDRESS:</i>		<i>ADDRESS:</i>	
<i>PHONE #:</i>		<i>PHONE #:</i>	
<i>Monthly Income-Borrower</i>		<i>Monthly Income-Co-Borrower</i>	
<i>Gross Wages/Frequency of Pay</i>	\$	<i>Gross Wages/Frequency of Pay</i>	\$
<i>Unemployment Income</i>	\$	<i>Unemployment Income</i>	\$
<i>Child Support/Alimony</i>	\$	<i>Child Support/Alimony</i>	\$
<i>Disability Income/SSI</i>	\$	<i>Disability Income/SSI</i>	\$
<i>Rent Income</i>	\$	<i>Rent Income</i>	\$
<i>Other</i>	\$	<i>Other</i>	\$
<i>Less: Federal & State Tax, FICA</i>	\$	<i>Less: Federal & State Tax, FICA</i>	\$
<i>Less: Other Deductions (401K, etc.)</i>	\$	<i>Less: Other Deductions (401K, etc.)</i>	\$
<i>Commissions, bonus & self-employed income</i>	\$	<i>Commissions, bonus & self-employed income</i>	\$
<i>Total (Net income)</i>	\$	<i>Total (Net income)</i>	\$

MEMBER SOLUTIONS

ALL INCOME NEEDS TO BE DOCUMENTED		Paystub must be most recent with year to date information.

Monthly Expenses		Assets	
Mortgage/Rent	\$		Estimated Value
Auto Loan(s)	\$	Checking Account(s)	\$
Auto Expenses/Insurance	\$	Savings/Money Market	\$
Credit Cards/Installment Loans(s) (total minimum payment)	\$	Stocks/Bonds/CDs	\$
Health Insurance (not withheld from pay)	\$	IRA	\$
Medical (co-pays and Rx)	\$	401K	\$
Child Care/Support/Alimony	\$	Home	\$
Food/Spending Money	\$	Other Real Estate	\$
Monthly utility payments (water, elec., gas, phone, etc.)	\$	Cars	\$
HOA/Condo Fees/ Property Maintenance	\$	Life Insurance (Whole Life not Term)	\$
Life Insurance payments (not withheld from pay)	\$	Other	\$
Other	\$		
Total	\$	Total	\$

You authorize Quantum Credit Union to obtain a credit report in connection with this application for assistance with your current loan(s). You understand that Quantum Credit Union will rely on the information in this application and your credit report to make its decision.

Submitted this _____ day of _____, 20_____

By _____
Signature of Borrower

By _____
Signature of Co-Borrower

Before mailing, make sure you have signed and dated the form and attached appropriate documentation. (HARDSHIP LETTER & PROOF OF INCOME)