



Hardship Relief Request Form

INSTRUCTIONS:

1. Complete the Hardship Relief Request Form in its entirety.
2. Send the completed form and requested documentation identified in the attachment by
 - Fax: (209) 521-5365 or
 - Email: collections@self-helpfcu.org or
 - Mail: Self-Help Federal Credit Union
c/o Collections Department
2504 Tenaya Drive
Modesto, CA 95354
3. Request are reviewed for approval. Completing and signing the form does not constitute approval.

Account/Loan No.: _____

Member's Name: _____

Co-Member Name: _____

Daytime Phone No.: _____

Email: _____

HARDSHIP AFFIDAVIT / DETAIL OF HARDSHIP

I have been directly impacted by COVID-19 and experiencing a financial hardship. I am looking for assistance with paying my loan. I/we are interested in monthly payment options. Please explain your hardship:

Provide/attach the following:

- a. Proof of income loss (i.e. letter from employer)

By signing the Hardship Relief Request Form, I/we agree that Self-Help Federal Credit Union may discuss or obtain credit information about my loan and financial situation from a third party. Negotiations for possible financial assistance do not constitute a waiver of or defense to Self- Help Federal Credit Union's right to commence or continue any adverse action. Financial assistance will be provided only if an agreement has been approved in writing by Self-Help Federal Credit Union.

I/We affirm that the information provided in the Hardship Affidavit of the Hardship Relief Request Form and the information provided in the supporting documentation is true and correct to the best of my/our knowledge:

X _____ X _____
 Member Signature Date Co-Member Signature Date

QUESTIONS: Contact us toll free at 1-877-369-2828.