



Temporary Financial Hardship Application

Thank you for contacting us regarding your current financial situation and submitting an application for hardship assistance. If you are experiencing a temporary hardship and need help, an evaluation of your current financial status and ability to make loan payments will be completed.

In order to prevent delays in processing your application, please provide all documents as shown on page 3 with your completed application. Applications can be submitted to your local branch, by mail, or uploading them to our secure portal from our website.

Mail	Secure Portal
Kellogg Community Credit Union PO Box 140 Battle Creek, MI 49016	www.kelloggccu.org Under Tools & Resources select Forms On the Forms page select Send My Docs and follow the instruction on the page for uploading.

For additional questions, please call us at 1 (800) 854-5421 or email collections@kelloggccu.org

Important Reminder Please continue to make your regularly scheduled loan payments while your application is being processed and reviewed for consideration, which may take up to 30 days from the date of the completed application.

APPLICATION DETAILS

I. Member Name: _____ Account Number: _____

II. I am having problems making my monthly payment because of financial difficulties created by:
 (Check all applicable options)

- | | | | |
|-------------------|-----------------|------------------------------|------------------|
| Military Service* | Unemployment | Divorce/Separation | Illness |
| Disability | Death of Spouse | Reduced Income | Business Failure |
| Medical Bills | Job Relocation | Other: Please specify: _____ | |

* Please select the Military Service check box if you are a Military Service member who is currently on Active Duty or has been on Active Duty within the last 12 months. For additional information, please call 1 (800) 854-5421.

III. I believe that my temporary hardship should be over by: _____
 A temporary hardship is defined as less than 6 months.

IV. Please list all loans with Kellogg Community Credit Union that you are requesting assistance for:

KCCU Account numbers and suffixes: _____

Loan type(s) (Check all applicable options):

- | | | | |
|------------------------------|-----------|-----------------------|-------------------------|
| Credit Card | Auto Loan | Personal Loan | Bill consolidation Loan |
| Fixed Equity | Mortgage | Equity Line of Credit | |
| Other: Please specify: _____ | | | |



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V. Please include any additional details regarding your hardship situation (required):

ACCOUNT AND MEMBER/JOINT MEMBER DETAILS

Account Number:	Loan Suffix:
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Borrower/Member Information

Last Name:	First Name:	Middle Initial:
Home Phone:	Mobile Phone:	E-mail Address:
Residential Address, City, State, Zip Code:		
Present Employer:	Title/Position:	Employer Work Phone:

Co-Borrower/Joint Member Information

Last Name:	First Name:	Middle Initial:
Home Phone:	Mobile Phone:	E-mail Address:
Residential Address, City, State, Zip Code:		
Present Employer:	Title/Position:	Employer Work Phone:

REQUIRED HARDSHIP DOCUMENTATION

If your hardship is due to:	Please provide:
I. Unemployment	<ul style="list-style-type: none"> • Employment Discharge Letter, or • Unemployment Benefits Award, or • Copy of the most recent unemployment benefit disbursement
II. Reduction of Income: a hardship that has caused a decrease in your income due to circumstances outside of your control. (elimination of overtime, reduction in normal working hours, a reduction in base pay)	<ul style="list-style-type: none"> • Evidence establishing the reduction of income • Pay stubs (if applicable)
III. Long-Term or Permanent Disability: serious illness or injury of yourself or a dependent family member <u>NOTE:</u> This application is only for temporary hardship requests. A temporary hardship is defined as less than 6 months	<ul style="list-style-type: none"> • Written statement from member, or other documentation verifying the disability or illness <p><u>NOTE:</u> Detailed medical information is not required and information from a medical provider is not required</p>
IV. Death of a family member or wage earner in the household	<ul style="list-style-type: none"> • Death certificate, or • Obituary (from newspaper or memorial webpage)
V. Divorce or Legal Separation	<ul style="list-style-type: none"> • Divorce Decree signed by the court, or • Separation Agreement signed by the court, or • Current evidence showing separate addresses
VI. Business Failure	<ul style="list-style-type: none"> • Dissolution documents proving closure of business, or • Two months of most recent statements proving the cessation of business activity, or • Notice of Bankruptcy filing for business
VII. Other: (Hardship that is not covered above)	<ul style="list-style-type: none"> • Verification/documents supporting the explanation of hardship



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To Whom it May Concern:

I/We have applied for hardship assistance with Kellogg Community Credit Union (KCCU). As part of the application process, KCCU or one of their agents, may request and verify information contained in my/our application and other documents required in connection with the application. Such information includes, but is not limited to loan payoff amounts, loan amounts, balances, credit reports, and any other similar information.

If temporary assistance is approved and the extension of the current terms or due date change is completed, I/We hereby agree to pay the balance remaining due on this note with the understanding that all provisions of the original note, except those changed by this request, continue in full force and effect.

If KCCU needs to contact me to service my account with KCCU or collect amounts I owe to KCCU, I authorize KCCU to contact me at any number I provide, or from which I call KCCU, or at which KCCU reasonably believes it may reach me. KCCU may contact me by calling or texting or any other appropriate means. I agree KCCU may contact me on a mobile, wireless, cell phone or similar device even if I am charged for it and I further agree that I am the subscriber/owner of the device's account or have been granted the authority by the subscriber/owner of such device to provide KCCU with the number and the owner's consent to such contract.

I/We further agree that there is a \$40 per month/per loan processing fee.

Signature

Signature

Printed Name

Printed Name

Date