

Request for Assistance Due to COVID-19



Member Name _____ Member Number _____

Type of Request New loan request Help with existing loan payments

Employer before COVID-19 _____ Still employed? Yes No

How has your income changed due to COVID-19? Please describe your situation. If available, please provide documentation of loss or reduction of income.

Are you able to draw unemployment income? Yes No If so, how much per week? \$ _____

Do you have a return to work date from your employer? Yes No If so, when? _____

If you are self-employed, is your business closed as a non-essential service? Yes No

Do you have any other sources of income anticipated in the next 90 days? Yes No If so, please explain:

Are you on active military duty? Yes No If so, which branch/agency? _____

Please provide us with a copy of your orders as they could provide you with additional assistance.

If you have a loan(s) with us now, are they more than 30 days delinquent? Yes No

Is there anything else we should know to assist you in completing your request?

We will review your request and contact you as soon as possible with any additional questions or for documentation needs. We will contact you at the number listed below.

Member Signature _____ Date _____

Contact phone number _____ Alternate number _____