



Mortgage/Home Equity Payment Assistance Application **(1 to 3 Months)**

If you are experiencing a financial hardship due to the Impact of COVID-19, and feel you need loan payment assistance, please complete and submit this application to:

Acushnet Federal Credit Union
112 Main Street
Acushnet, MA 02743
508-995-9100

We will promptly contact you, no later than two (2) business days, to acknowledge receipt and let you know if you need to send additional information or documents.

Request for assistance must be completed by the listed borrowers on the loan contract. Authorized third parties and/or primary registrants cannot submit request.

How many months of loan assistance are you requesting? (Please indicate below)

_____ 1 Month _____ 2 Months _____ 3 Months

APPLICANT INFORMATION (Please Print)

Borrower's Name (First and Last): Social Security Number: Primary Phone Number:

Employer Name: Estimated Return to Work Date: Email Address:

CO-BORROWER'S INFORMATION

Co-Borrower's Name (First and Last): Social Security Number: Primary Phone Number:

Employer Name: Estimated Return to Work Date: Email Address:

Written explanation describing details of the hardship:

DISCLOSURES

Consumer Disclosure:

I hereby request a forbearance of the monthly payment(s) of my obligation listed above. I agree that the original contract or note remains in full force and effect. Interest will continue to accrue daily on the forbearance portion of principal payment(s) at the contract rate for this obligation. However, I understand that the amount(s) of the forbearance beyond the original maturity date WILL NOT BE COVERED BY ANY CREDIT INSURANCE (this includes any GAP insurance). Any request for cancellation of automatic/systematic payments must be made at least seven (7) business days prior to your regular loan payment due date.

Residential Disclosure:

I hereby request a forbearance of the monthly payment(s) of my obligation listed above. Except for the forbearance of this/these payment(s), I agree that the original contract or note remains in full force and effect. Interest will accrue daily on the forbearance portion of the principal payment(s) at the contract rate for this obligation. **I understand that this Mortgage/Home Equity Assistance application will extend the final payment(s) to one to three months as per your request from this application.** Any request for cancellation of automatic/systematic payments must be made at least seven (7) business days prior to your regular loan payment due date.

You are hereby notified that homeownership counseling is available to you. A list of Housing and Urban Development (HUD) approved nonprofit homeownership counseling organizations serving your residential area may be obtained by going to the following websites:

- The U.S. Department of Housing and Urban Development (HUD) at
(800) 569-4287 or hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at
(855) 411-2372 or consumerfinance.gov/mortgagehelp

Signatures: (ALL PARTIES MUST SIGN)

Borrower:	Date:
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Co-Borrower:	Date:
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For Office Use Only:

Received date: _____ Approved by: _____

Reviewed by: _____ Loan Number(s): _____

Months requesting: _____