



## Hardship Relief Request Form

### INSTRUCTIONS:

1. Complete the Hardship Relief Request Form in its entirety. (Incomplete form will delay the process) Your application for hardship relief does not guarantee approval. You will be notified with the outcome of your request. Additional documentation may be requested.

2. Send the completed form by one of the following methods:

- Fax: (828)862-4923 or
- Email: SHCCallCenter@self-help.org or
- Mail: Self-Help Credit Union  
c/o Collections Department  
PO Box 280  
Penrose, NC 28766

Today's Date: \_\_\_\_\_

Last 4 digits of your 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 am experiencing a financial hardship. I am looking for assistance with regard to paying the loan referenced above. I/we are interested in deferring \_\_\_\_ (#) payments. We understand that loan interest continues to accumulate and the term of the loan will be extended as a result of this deferment. Please explain your hardship in the space provided:

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By signing the Disaster Relief Request Form below, I/we agree that Self-Help 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 Self-Help 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 Credit Union.

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

X \_\_\_\_\_  
Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Co-Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

**QUESTIONS:** Contact us toll free at 1-919-956-4404.



Action Taken: \_\_\_\_\_ Action Approved by: \_\_\_\_\_

Staffperson Signature: \_\_\_\_\_