



At MCU, we recognize that life can take unexpected turns, making it harder to stay on top of financial obligations. We encourage you to complete our hardship application and provide the required documents so we can better understand your situation and find ways to support you.

Please submit your completed application, together with the required documentation,

Via email: [consumerhardshippreview@nymcu.org](mailto:consumerhardshippreview@nymcu.org)

Or via mail: Municipal Credit Union  
ATTN: Collections (Consumer Hardship)  
22 Cortlandt Street  
New York, New York 10007

We will contact you within two to three business days to acknowledge receipt and let you know if you need to send additional information or documents.

**Note:** *Please continue to make your regular monthly payment during the review process. If past due, your loan will continue to report as delinquent, and you may continue to receive late notices.*

### MEMBER INFORMATION

Member Name	Member Number	Member Name	Member Number
Current Mailing Address		Current Mailing Address	
Email Address		Email Address	
Best Contact Phone Number		Best Contact Phone Number	
Employer & Title		Employer & Title	
Part or Full-Time	Start Date	Part or Full-Time	Start Date



## HARDSHIP EVALUATION

Please select the event(s) that are contributing to your difficulty making payments on your loan(s) with Municipal Credit Union

- I. I am having problems with making my monthly payment because my income has been reduced or lost due to: *(Please check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Natural Disaster                                     |
| <input type="checkbox"/> Death of Spouse       | <input type="checkbox"/> Military Service <i>(within last 12 months only)</i> |
| <input type="checkbox"/> Reduced Income        | <input type="checkbox"/> Other: Please Specify - _____                        |
| <input type="checkbox"/> Illness/Medical Bills | _____   |
| <input type="checkbox"/> Job Relocation        |   |
| <input type="checkbox"/> Disability            |   |
| <input type="checkbox"/> Increased Expenses    |   |

- II. I believe my hardship is:

- ☐ Permanent
- ☐ Temporary, should be over by: \_\_\_\_\_



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## MONTHLY BUDGET

Housing	Monthly Cost
Mortgage/Rent:	
HOA fees	
Taxes/Insurance (if not escrowed)	
Utilities (Heat, electric, Phone, Cable):	

Transportation	Monthly Cost
Vehicle 1 Payment	
Vehicle 2 Payment	
Auto Insurance	
Bus/Taxi/Train Fare	
Subtotal:	

Loans	Monthly Cost
Personal Loan(s) Payment(s)	
Credit Card Payment(s)	
Student Loan Payment(s)	
Line of Credit Payment(s)	
Other Loans (401k, private)	
Subtotal:	

Legal	Monthly Cost
Alimony/Child Support	
Attorney Costs	
Payments on liens/Judgements	
Payments to 3 <sup>rd</sup> Party Collections Agency or Debt Settlement Company	
Subtotal:	

Misc	Monthly Cost
Childcare	
Out of Pocket Medical Expenses	
Subtotal:	

<b>Total Monthly Expenses</b>	
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Monthly Income (after Taxes)	Amount
Member	
Joint Member	
Other Sourced Income:	
Other Sourced Income:	
<b>Total Monthly Income</b>	

## HARDSHIP VERIFICATION AND DOCUMENTATION

In addition to the verification of hardship below, please provide the following documentation:

*(Documents cannot be older than 90 days)*

INCOME VERIFICATION	THE REQUIRED HARDSHIP DOCUMENTATION IS:
All Applicants	<ul style="list-style-type: none"> <li>Your two most recent bank statements for checking, savings, and retirement accounts</li> </ul>
A W-2 Wage Earner	<ul style="list-style-type: none"> <li>Two most recent paystubs with year-to-date information</li> </ul>
Receiving SSI, Pension or Disability	<ul style="list-style-type: none"> <li>Award Letter or proof of receipt</li> </ul>
Self-Employed	<ul style="list-style-type: none"> <li>Two most recent years of federal tax returns</li> <li>Year-to-date profit and loss statement</li> </ul>
HARDSHIP TYPE	THE REQUIRED HARDSHIP DOCUMENTATION IS:
Unemployment	<ul style="list-style-type: none"> <li>Proof of Unemployment Benefit Award letter.</li> </ul>
Reduction of Income	<ul style="list-style-type: none"> <li>Two most recent paystubs with year-to-date information</li> </ul>
Long Term or Permanent Disability: serious illness of yourself or dependent family member	<ul style="list-style-type: none"> <li>Award Letter or proof of receipt</li> </ul>
Divorce or Legal Separation	<ul style="list-style-type: none"> <li>Divorce Decree signed by the court, OR</li> <li>Separation agreement signed by the court, OR</li> </ul>
Business Failure	<ul style="list-style-type: none"> <li>Dissolution documents evidencing closure of business, OR</li> <li>Two months most recent bank statements evidencing the cessation of business activity, OR</li> <li>Notice of Bankruptcy filing for business</li> </ul>
Vehicle Refinance	<ul style="list-style-type: none"> <li>Copy of vehicle's registration and driver's license(s) for all Members</li> <li>Proof of current vehicle mileage</li> <li>Name of insurance company, policy number, and agent's name and phone number, if available</li> </ul>
Other: hardship that is not covered above	<ul style="list-style-type: none"> <li>Verification/documents supporting explanation of hardship</li> </ul>
FOR HELOC ASSISTANCE	THE REQUIRED HARDSHIP DOCUMENTATION IS:
Other Mortgage Documents	<ul style="list-style-type: none"> <li>Copies of the latest mortgage statement(s)</li> <li>If assistance was provided, copies of agreements and terms</li> </ul>
Employment Information	<ul style="list-style-type: none"> <li>Name and address of current employer(s).</li> </ul>
Other Required Documentation	<ul style="list-style-type: none"> <li>Copy of your driver's license or state issued photo ID</li> <li>Copy of current Homeowners Association (HOA) statement</li> <li>Copy of latest property tax bill</li> <li>Copy of current Homeowners Insurance policy</li> <li>Copy of your Federal Tax Returns for the last 2 years</li> <li>Signed Hardship Letter</li> </ul>



## BORROWER AUTHORIZATION

By submitting this Financial Hardship Application, you agree to the following:

1. All of the information in this application is truthful and the event(s) identified above has/ have contributed to my need for assistance.
2. Municipal Credit Union (MCU) may review the accuracy of my statements and may require me to provide supporting documentation. I am willing to provide all requested documents and respond to all communication in a timely manner. I understand that time is of the essence.
3. Knowingly submitting false information may violate applicable laws.
4. If I have intentionally defaulted on my existing loan, engaged in fraud or misrepresented any fact(s) in connection with this application, or if I do not provide all of the required documentation, Municipal may not offer me assistance.
5. Municipal may pull a current credit report on all borrowers obligated on the Security Agreement.
6. Municipal will use this information to evaluate my eligibility for available options, but Municipal is not obligated to offer me assistance based solely on the representations in this application.

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Primary Member Signature

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Joint Member Signature (if applicable)

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Primary Member Name (please print)

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Joint Member Name (please print)

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Date

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Date