



## FINANCIAL RELIEF APPLICATION

If you are struggling financially, we will review your application in an attempt to provide you with temporary relief for your account(s) at Western Division FCU. Continue to make your regularly scheduled loan payments and/or positive account activity for depository accounts while your application is in review. The review period can take up to 10-business days.

**APPLICATIONS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED WITHOUT ALL OF REQUIRED DOCUMENTATION.**

### Required Documentation

#### 1. Completed and Signed Financial Relief Application

#### 2. Required Income and Asset Documentation:

##### *Wages or Salary:*

- Provide for each applicant, joint, co-applicant or household earner: include the last two most recent paystubs that reflects at least 30 days of year-to-date earnings.

##### *Self Employed:*

- Provide a complete, signed individual federal income tax return and, as applicable, the business tax return; AND
- Either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months.

#### 3. Required Hardship Documentation:

Please use the following reference table for the **required** documentation that corresponds to your request:

| <b>If your hardship is:</b>  | <b>The required hardship documentation is:</b>   |
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| <b>Unemployment</b>  | <ul style="list-style-type: none"> <li>• Employment discharge letter; OR</li> <li>• The initial unemployment benefit award letter from the Employment Development Department; OR</li> <li>• A copy of the most recent unemployment benefit disbursement</li> </ul>   |
| <b>Reduction in Income:</b><br>A hardship that has caused a decrease in your income due to circumstances outside your control (elimination of overtime, reduction in regular working hours, reduction in base pay) | <ul style="list-style-type: none"> <li>• Evidence (from employer or otherwise) establishing reduction of income</li> </ul>   |
| <b>Divorce or Legal Separation:</b><br>Including separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law.  | <ul style="list-style-type: none"> <li>• Divorce decree signed by the court; OR</li> <li>• Separation agreement signed by the court; OR</li> <li>• Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR</li> <li>• Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul> |
| <b>Business Failure</b>  | Tax return from the previous year (including all schedules) AND Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <li>• Bankruptcy filing for the business; OR</li> <li>• Two months' recent banks statements; OR</li> <li>• Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul>   |
| <b>Death of Borrower</b><br>Includes death of either primary or secondary wage earner in the household.  | <ul style="list-style-type: none"> <li>• Death certificate, OR</li> <li>• Obituary or newspaper article reporting death</li> </ul>   |
| <b>Disability</b><br>Includes long term or permanent disability; serious illness of a borrower or co-borrower or dependent family member.  | <ul style="list-style-type: none"> <li>• Doctor's certificate of illness or disability; OR</li> <li>• Medical Bills; OR</li> <li>• Proof of monthly insurance benefits or government assistance</li> </ul>   |
| <b>Other</b><br>A hardship that is not covered above.  | <ul style="list-style-type: none"> <li>• Written explanation describing the details of the hardship and relevant documentation.</li> </ul>   |

## **Return completed application and documentation by the following options:**

### **Email:**

1. Complete form and save to your desktop or to your documents.
2. Create new email and attach saved form (and any documents required)
3. Send to: [memberservice@westerndivision.org](mailto:memberservice@westerndivision.org)

**Fax:** (716) 632-1383

**Branch:** Mail to Western Division FCU, 6750 Main Street, Williamsville, NY 14221

## **MEMBER AND HOUSEHOLD INFORMATION**

Include your information and any individual that would be jointly responsible and/or considered part of the household income.

Member #:

Member Name:

Employer:

Joint/Co-applicant/Household Member:

Employer:

## **REASON**

I (We) are experiencing financial difficulties created by:

- ☐ Unemployment
- ☐ Underemployment (reduce in pay or hours)
- ☐ Business Failure/Decline in business earnings
- ☐ Illness/Medical Bills/Disability/Death
- ☐ Divorce/Separation
- ☐ Military Service
- ☐ Other

## **TIMEFRAME**

I (We) believe that our current hardship is:

- ☐ Permanent
- ☐ Temporary, approximate end date:

## REQUEST FOR ASSISTANCE

☐ Mortgage

☐ Personal Loan

☐ Home Equity

☐ Credit Card

☐ Vehicle/Recreational Loan

☐ Fee Related (Include accounts & dates)

### COMMENTS:

Provide a detailed explanation describing the specific nature of your hardship. Provide any details that you feel should be taken into consideration for this request and/or any suggested scenarios that you feel you may be able to work within (partial payments, length of relief, etc.)

## ACKNOWLEDGMENT AND AGREEMENT

You agree to the following: The information provided is an accurate statement of my financial status. Everything stated in this application is correct to the best of my knowledge. I (We) authorize Western Division to obtain credit report(s) in connection with this application. I (We) understand Western Division may reduce or eliminate access to lines of credit or credit limits, as permitted by law, in accordance with this request for relief assistance. No guarantees of assistance are given or implied.

I (We) understand, interest will continue to accrue at the prevailing interest rate. Any adjustment in the payment cycle whether be deferment of payment and/or adjustment in payment dollar amount will extend the maturity of the loan(s) and may effect life/disability claims.

I (We) understand, during this review process, I (We) must continue to make regularly scheduled loan payments and/or keep a positive balance and activity on depository accounts or collection procedures may proceed.

I (We) understand, that if relief assistance is provided, I (We) are responsible to abide by the agreement and timeline set forth by Western Division. Furthermore, I (We) are responsible to resume our regular payment(s) the following scheduled loan due date(s) as advised by Western Division. If loan payment(s) are transferred from an outside service, I (We) understand we are responsible to contact the payment source to adjust/start/stop our payment schedule. During this length of the agreement, no adverse credit reporting will result.

BY VOLUNTARILY SIGNING THIS DOCUMENT, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ AND UNDERSTAND IT AND ALL OF ITS PROVISIONS.

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(Member)

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(Date)

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(Joint/Household Member)

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(Date)