Hardship Letter

Please tell us in detail why you are experiencing financial difficulties.

- ☐ Income reduction
- ☐ Unemployed
- ☐ Self-employed
- ☐ Divorce
- ☐ Medical*
- ☐ Other

Borrower's Signature: _____ Date: _____

Print Name: _____

Co-Borrower's Signature: _____ Date: _____

Print Name: _____

Loan Number: _____ Phone Number: _____

* For the protection of your privacy, when indicating medical hardship, please provide general information about the illness only. For example, rather than stating "Terminal cancer", it will suffice to state "long-term illness".