

Emergency Loan Payment Extension/Deferment Questionnaire

Member Name: _____

Member/Loan Number: _____ Contact Number: _____

Loan Type: _____ Loan Balance: \$ _____ Next Due Date: _____

1. When was your last day of work? _____

2. When are you scheduled to go back to work, if known? _____

3. Have you filed or are thinking of filing for unemployment? Yes No

If you are still working, are you experiencing a loss of
4. income due to your employer's limited operations? Yes No

a. Amount of loss of income? (new monthly amount) _____

b. How long will your employer be in limited operations, if known? _____ Weeks Months

5. Is your employer offering you paid leave? Yes No

a. Type of paid leave: Vacation Sick PTO Sick PTO FMLA PTO Other: _____

b. Amount of paid leave? \$ _____ Hour Weekly Monthly

6. If applicable, is your co-borrower experiencing a loss of income? Yes No

a. Amount of loss of income? (Monthly amount): \$ _____

7. Do you have any supplemental income? Yes No

a. Type of supplemental income: SSI Disability Pension Financial Aid Cash Tips Other: _____

b. Amount of supplemental income? (Monthly amount) \$ _____

8. Any other comments not noted above: _____

CREDIT UNION USE ONLY

Request Date: _____

Taken by initials/Teller #: _____

Approval Date: _____

Initials/Teller #: _____

Input Date: _____

Initials/Teller #: _____