

Member Name	Daytime Phone Number	Email Address
Joint Member Name	Daytime Phone Number	Email Address

HARDSHIP REASON I (We) am/are having difficulty making my monthly payment because of financial difficulties created by (check all that apply)

<p>My household income has been reduced due to the following:</p> <p><input type="checkbox"/> Unemployment</p> <p><input type="checkbox"/> Reduction in pay or hours</p> <p><input type="checkbox"/> Decline in business earnings</p> <p><input type="checkbox"/> Unable to work due to Death, disability, illness (myself or immediate family)</p>	<p>Assistance needed:</p> <p><input type="checkbox"/> Interest only payments for _____ months (up to 90 days)</p> <p><input type="checkbox"/> Temporary Reduction in Payment. Affordable payment range \$_____</p> <p><input type="checkbox"/> Loan extension (Skip monthly Payment) for _____ months (up to 90 days)</p> <p><i>Approved on a Case by Case basis, evaluated monthly. Interest will continue to accrue Monthly payments and accrued interest will increase the original term of the loan being skipped.</i></p>
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Loan Number(s) _____

Other Information _____

Please return this form along with:

- copy of your most recent bank statement/check stub or a
- copy of any unemployment benefit letter/employer notice of layoff/termination

Fax **225-654-7232**
Email **options@gplafcu.com**

Member Signature/Date _____ Joint Member Signature/Date _____

Approved By _____ Date _____