



Print Form

Submit by Email

Request for Assistance Application

The following information must be submitted with this application:

- 1. Copies of your most recent pay stub(s)
- 2. Copies of any other income source(s)
- 3. Copies of your most recent bank statement including all pages
- 4. Your previous year's tax return(s) or two years if self-employed

Be sure to print a copy of your application for your records and attach requested documentation if submitting your application by email. If you are unable to provide any of the above, please provide an explanation.

Date: _____ Loan #: _____

Borrower: _____ Co-Borrower: _____

Persons in Household #: _____ Vehicles #: _____

Home Phone: _____ Work: _____ Cell: _____

Property Address: _____

Owner Occupied? Yes No Vacant? Yes No For Sale? Yes No

If your home is listed for sale, please provide a copy of the listing agreement with the Realtor's name and phone number.

Explain the reason for your financial hardship: _____



Financial Worksheet

Income		Source	Pay Period
Take-home Pay 1	\$		\$
Take-home Pay 2	\$		\$
Retirement	\$		\$
Investment	\$		\$
Interest	\$		\$
Rental Property	\$		\$
Miscellaneous	\$		\$
Total Income	\$		\$
<i>Fixed Expenses</i>	<i>Monthly Payment</i>	<i>Lender's Name</i>	<i>Account Balance</i>
1st Mortgage	\$		\$
2nd Mortgage/HELOC	\$		\$
Other Property Loan	\$		\$
Vehicle Loan 1	\$		\$
Vehicle Loan 2	\$		\$
Vehicle Loan 3	\$		\$
Vehicle Insurance <small>(Include All)</small>	\$		\$
Vehicle Maintenance <small>(Include All)</small>	\$		\$
Gasoline	\$		\$
Credit Card 1	\$		\$
Credit Card 2	\$		\$
Credit Card 3	\$		\$
Credit Card 4	\$		\$



Financial Worksheet

Other Expenses	Monthly Payment	Name of Lender	Current Balance
Child Care	\$		\$
Child Support	\$		\$
Alimony	\$		\$
Personal Loan	\$		\$
Groceries	\$		\$
Phone/Cable/Internet	\$		\$
Cell Phone	\$		\$
Power/Sewer/Trash/Gas	\$		\$
HOA Dues	\$		\$
Medical	\$		\$
Student Loans	\$		\$
Unsecured Loans	\$		\$
Collection Debt	\$		\$
Entertainment	\$		\$
Household/Personal	\$		\$
Other	\$		\$
Other	\$		\$
Other	\$		\$
Other	\$		\$
Total Expenses:	\$		\$
Checking Account Balance (List All)	\$		\$
Savings Account Balance (List All)	\$		\$
401K/Savings Plan	\$		\$