

Uniform Borrower Assistance Form

Print off form, complete, and fax to 860-441-0991 or mail to:

Scient FCU Collections Department P.O. Box 499 Groton, CT 06340

If you are experiencing a temporary or long term financial hardship and want to apply for assistance, you must complete and submit this form with other required documentation to be considered for available assistance. On this page please disclose information about you and your intentions to either keep or transition out of your home.

Complete the checklist on page two of this form and disclose and provide proof of all your income, expense and assets and all other documents to support your request for assistance

Complete the certification on page three of this form plus the Authorization for Release of Information and Financial Assistance certification to certify that all information in this Uniform Borrower Assistance Form is accurate and truthful.

Enclose your payment of \$50.00 (application fee).

| Name Borrower/Co-Borrower | Member Loan Number |
|------------------------------------|---------------------------------|
| Address | City, State, Zip |
| Home Phone | Cell Phone Borrower/Co-Borrower |
| I/we want to: ☐ Keep the property | ☐ Sell the Property |
| □ Vacate the Property | ☐ Undecided |
| | |
| Signature Borrower | Date |
| Signature Co-Borrower | Date |



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| check | list may be required. |
|-------|---|
| | Your employment history for the past two years: Provide your employer(s) name, address and phone number. |
| | Income information for all borrowers: Include salary, overtime, bonuses, commissions, interest/dividend, retirement income and any other regular source of income. |
| | Bank and brokerage account information, including the institution name and current balances. |
| | If you own any real estate (other than the property you're refinancing), we'll have some basic questions including, address, current market value, the amount you owe, the amount of rental income you receive (if any), and what your monthly payment is. |
| | Information about your current debts: Provide the name of the creditor, the account number, the current balance owing and the amount of your monthly payment. |
| | Information about your current hardship: Provide proof of unemployment, mandatory pay reduction, underemployment, death or primary or joint borrower, decline in business earnings for self-employed borrower, incarceration, permanent or short term disability, serious illness, divorce, separation, natural or man-made disaster impacting place of employment or property. |
| | Your past two years of tax returns. |

Based upon the type of assistance you are requesting, some, or even most of the items on this



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Certification

THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THIS SITUATION THOROUGHLY, SUCH AS:

- 1. ORDERING CREDIT REPORTS
- 2. VERIFYING BANK ACCOUNTS IN THIS DISCLOSURE
- 3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STARTED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN WHICH WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY LOAN.

| Signature Borrower | Date |
|-----------------------|------|
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| | |
| | |
| Signature Co-Borrower | Date |



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AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY INDIVIDUAL

| I/WE HEREBY AUTHORIZE YOU TO RELEASI REQUIRE FOR THE PURPOSE OF A HARDSHIP | E TO ANY AND ALL INFORMATION THEY MAY P REVIEW. |
|---|--|
| Signature Borrower | Date |
| Signature Co-Borrower | Date |



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FINANCIAL ASSISTANCE AND YOUR CREDIT UNION LOAN OBLIGATION

Scient Federal Credit Union makes every effort to assist our members who are suffering from temporary or permanent financial hardship with regard to any loan obligation(s) with the credit union.

To that end the credit union needs members to understand that when assistance is granted, with regard to a member's loan obligation(s), that the credit union expects any changes to the original terms of a loan obligation(s) will be strictly adhered to going forward. This means that all payments are expected to be made by the due date set.

Failure to make timely-payments on your loan obligation(s) with the credit union, as outlined above, will result in accelerated collection activity on your loan obligation(s) to include recovery of any loan collateral.

I/We have read and understand the above disclosure as it relates to my/our loan obligation(s) with Scient Federal Credit Union and my/our receipt of financial assistance.

| Signature Borrower | Date |
|-----------------------|------|
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| | |
| Signature Co-Borrower | Date |