

Hardship Extension Request Form

All blanks must be completed. **All approved requests will require that interest be paid through the requested extension period as a requirement for Extension Approval.**

Account No: _____ Loan Sub No: _____ Extension Period Requested: _____

Borrower Information	Co Borrower Information
Name:	Name:
Address:	Address:
E-mail Address:	E-mail Address:
Cell Phone No:	Cell Phone No:
Home Phone No:	Home Phone No:
Work Phone No:	Work Phone No:
Name of Employer:	Name of Employer:

Requests for payment extensions are approved on a case-by-case basis. NSW Federal Credit Union may approve a one-month payment extension for members **experiencing extreme financial stress for reasons such as involuntary loss of employment, or income, or a catastrophic medical occurrence, etc.** In the space below, please outline the reasons for your request. Be as specific as possible to insure that your request receives due consideration. If you need additional space, feel free to attach an additional page.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____