



Emergency Skip A Payment / Loan Extension Request and Authorization

If you would like to skip a payment or extend your loan up to 90 days*, simply print and complete this authorization by choosing below which loan(s) and which month(s) you would like to skip or extend.

Member Name _____

Co-borrower/Guarantor Name(s) _____

Member # _____ Loan # _____

Loan Payment Amount \$ _____ Loan Type Code _____

Daytime Phone # _____ Email _____

Which month(s) would you like to skip? *Circle no more than three months and at least one month:*

MARCH APRIL MAY JUNE

Borrower(s) Signature _____ Date _____

Co-borrower's/Guarantor Signature(s) _____ Date _____

By signing above, you authorize NOFFCU to extend your final loan maturity. Interest will continue to accrue during the month that the payment is skipped. All deferrals are subject to NOFFCU approval.

Accepting this offer will have the effect of raising the Annual Percentage Rate (APR) on your loan. If you elected GAP or Warranty Coverage, the coverage may not be extended beyond the original maturity date. You can skip more than one eligible loan. Offer excludes open end loans, credit cards, and mortgages.

Note: Only one borrower's signature will be required to authorize the emergency Skip Pays / Extension.

*Payment = (1) monthly, (2) bi-weekly, (2) semi-monthly, or (4) weekly

*Drop off at the branch and place in night drop
or
fax to 985-532-1631
or
mail to: NOFFCU • PO BOX 689 • Metairie, LA 70004
or
Log in at www.noffcu.org
to our Online Banking and upload the form to
our secure message center*

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CREDIT UNION USE ONLY

Processed by _____ Date _____

Emergency Skip Pay/Loan Extension Hardship Application

Borrower Name: _____ Co-Borrower Name: _____

Account Number: _____ Account Numbers: _____

Address: _____ City: _____ State: _____ Zip: _____

SELECT ONE:

My hardship is expected to last up to:

- 30 Days 60 Days 90 Days

I would like to skip payments / extend my loan for the days listed above.

The following documentation **MUST** be included to determine eligibility for Skip Pay/Loan Extensions:

1. Signed Skip Pay/Loan Extension Form
2. Signed hardship application and affidavit explaining the need for the Skip Pay/Loan Extension

I/We understand and realize that the financial information being provided will be used by the Credit Union to analyze my options with respect to my consumer and mortgage loans with the Credit Union. I/We further understand and acknowledge that any action taken by the Credit Union will be made in strict reliance on the financial information I provided herein. I/We understand that the Credit Union may need to obtain a credit report to continue processing a hardship application request. I/We understand signing this analysis authorizes **New Orleans Firemen's Federal Credit Union** to obtain a credit report if necessary. By signing below, we certify that the information and documentation provided is true and correct to the best of my/our knowledge.

Hardship Affidavit

My checkmark below indicates the event(s) that have contributed to my inability to pay:		
BORROWER	CO-BORROWER	EVENTS
<input type="checkbox"/>	<input type="checkbox"/>	I lost my job and now am unemployed.
<input type="checkbox"/>	<input type="checkbox"/>	My employer reduced my pay. Overtime eliminated, regular hours or base pay reduction
<input type="checkbox"/>	<input type="checkbox"/>	I am underemployed. I lost my job, but my current job pays less than my previous job.
<input type="checkbox"/>	<input type="checkbox"/>	A borrower or primary wage earner in the household has died.
<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed and have endured a decline in business earnings.
<input type="checkbox"/>	<input type="checkbox"/>	A serious illness has impacted a household member.
<input type="checkbox"/>	<input type="checkbox"/>	My employer has either lost business or closed business as a result of a natural disaster or other crisis which has impacted my income.
<input type="checkbox"/>	<input type="checkbox"/>	A family member has suffered a disability or illness that results in an increase in uninsured major medical expenses.
<input type="checkbox"/>	<input type="checkbox"/>	My spouse or other wage earner in the home has lost income.
<input type="checkbox"/>	<input type="checkbox"/>	Other, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other, please explain: _____

I hereby represent that the identified event has occurred and is the cause of my inability to pay my account(s)/ loan(s). Further, I understand and acknowledge that **New Orleans Firemen's Federal Credit Union** may investigate the accuracy of the identified event(s), such as by requiring me to provide supporting documentation. I understand that if I mis-state the nature or occurrence of the event(s) or fail to provide any required documentation, that **New Orleans Firemen's Federal Credit Union** may, in its sole discretion, declare me in default under the Agreement, declare the Agreement null and void, and re-commence any repayment or collection activities

Borrower Signature: _____	Date: _____
Co-Borrower Signature: _____	Date: _____