

6300 South Lindbergh Blvd.
St. Louis, MO 63123
314-892-5400

Re: Assistance

Dear Member,

The past due status of your loan suggests you are experiencing difficulty making your bill payments. Neighbors Credit Union is concerned and wants to help you get back on track.

We are here to assist you.

Depending on your financial hardship, Neighbors Credit Union has numerous options to assist you. Once you provide all the requested documentation, we will be able to evaluate your financial hardship and see which option best works for you. We have options for short term and long term assistance such as repayment plans, extensions and loan modifications. For more information see the attached document.

Send us all requested documents to expedite your request.

By contacting us, you have already taken the first step. We need you to provide information and documentation to help us understand your financial hardship. Once your packet has been received and completed, we will contact you regarding your available options and next steps to take.

Have questions?

Don't hesitate to contact your personal member solution team advisor Doug Huber for any questions or information requested in your packet. I can be reached at 314-892-5400 ext. 12075 or by email at DCHuber@NeighborsCU.org.

6300 South Lindbergh Blvd.
St. Louis, MO 63123
314-892-5400

Dear Member,

This package needs to be completed and returned along with any additional supporting documentation showing your financial strain. This letter should detail your situation and how this assistance will assist you.

***If you are in need of help with a 2nd mortgage or home equity loan, you will need to provide proof that you have received help from your first mortgage company. Make a copy of the payment plan or modification of your first mortgage and include it in this package. ***

If you are requesting a lower payment, please indicate what payment amount fits into your budget.

This is not a guarantee your payments will be modified, but an attempt to assist you through any financial strain you may be having. Please complete and return the enclosed documents within 15 days from the date of this letter. Otherwise your request will be void and collection efforts will continue.

Please contact me if you have any questions.

Sincerely,

Doug Huber
Member Solutions Team Advisor
Neighbors Credit Union
314-892-5400 ext. 12075
DCHuber@NeighborsCU.org

Workout Documentation Checklist

1. ____ Review all information provided
2. ____ Sign and complete the Loan Modification Information Summary
3. ____ Provide proof of income for the last sixty (60) days
4. ____ Provide copy of 2 (two) months most recent bank statements (all pages) for all non Neighbors Credit Union accounts
5. ____ Provide proof of insurance for collateral (copies of certificates of insurance or declaration pages)
6. ____ Complete the **Asset Worksheet**
7. ____ Complete the **Monthly Expenses Breakdown**
8. ____ Complete the **Detailed Letter of Explanation of Hardship**
9. ____ Provide any other supporting documentation that you wish to provide in support of your Loan Modification Application

IMPORTANT INFORMATION

If you are unable to provide the documents requested, please contact the Loan Modification Team at Neighbors Credit Union at 314-892-5400, ext. 12074 or email jtotterer@NeighborsCU.org to discuss options.

Assets

Please complete the worksheet and include proof of monthly income. Please enter your gross pay (before taxes and deductions) as well as net pay (take home). Include bonuses or any other periodic income. These figures will be calculated over 12 months to get your average monthly figure.

Monthly Income	Gross Income	Net Income	Spouse Gross	Spouse Net
Part time / Second Job				
Retirement / Pension				
Social Security				
Unemployment				
Child Support				
Other Income				
Total Monthly Income				

Other Investments	Current Value	Monthly Contribution
Savings Account		
401k		
Money Market		
Other		
Total Investments		

Total Monthly Income	
----------------------	--

Have questions? Contact Doug Huber 314-892-5400 ext. 12075 or email at DCHuber@NeighborsCU.org.

Monthly Expenses

Please complete all sections that apply to you, some expenses such as utilities may fluctuate please list a monthly average.

Housing	Current Payment	Amount Owed
Mortgage / Rent		
2nd Mortgage		
Homeowner/Rent Insurance		
Property Tax		
Condo Fee / HOA Fee		
Gas		
Electric		
Water		
Sewer		
Trash		
Cable/satellite		
Home phone/cell phone		
Internet		
Total Monthly		

Transportation	Current Payment	Amount Owed
Vehicle #1		
Vehicle #2		
Insurance		
Gasoline		
Maintenance		
Other:(Boat, RV, etc.)		
Total		

Miscellaneous	Current Payment	Amount Owed
Health Insurance		
Prescriptions		
Child Care/Day Care		
Child Support/Alimony		
Student Loans		
Other:		
Other:		
Other:		
Other:		
Total		

Total Monthly Expenses	
------------------------	--

6300 South Lindbergh Blvd.
St. Louis, MO 63123
314-892-5400

Loan Workout Mini-Qualifier

Property Address: _____

Borrower Information

Co-Borrower Information

Full Name _____
Date of Birth _____
Address _____
Cell Phone _____
Home Phone _____
Email _____
Work Phone _____
Employer _____
Department _____
Monthly Income _____
Social Security _____
Rent or Mortgage payment _____

Full Name _____
Date of Birth _____
Address _____
Cell Phone _____
Home Phone _____
Email _____
Work Phone _____
Employer _____
Department _____
Monthly Income _____
Social Security _____
Rent or Mortgage payment _____

Desired Loan Workout Option: _____ Desired Payment: _____

Extension Agreement Modification Rewrite

Property listed for sale? Yes / No
Agent Name? _____
Agent Phone Number? _____
Date listed for sale: _____

My hardship will last:
Short Term (less 6 mos.) _____
Medium (less than 1 yr.) _____
Long Term _____

I/we the undersigned authorize Neighbors Credit Union to pull a credit report and verify other information in order to attempt to pre-qualify me for a loan workout option. Any and all information will be held strictly confidential, and will only be used for the stated purpose. For questions about Neighbors Credit Union or to obtain a copy of our Privacy Policy, please call us at 314-892-5400. All borrowers will not qualify for all workout options.

Signature: _____

Signature: _____

Date: _____

Date: _____

Please Fax Completed Form To
314-329-9898

6300 South Lindbergh Blvd.
St. Louis, MO 63123
314-892-5400

Application for Extension

Date: _____

Member Name: _____ Account #: _____

Joint Member Name: _____

Address: _____ Phone #: _____

_____ Email: _____

Is your loan currently under 30 days delinquent? *Circle One*
Yes or No
Have you had a previous extension or skip a pay in the last 12 months? Yes or No

Reason for Request

Please attach a letter of explanation detailing the financial hardship for which you are requesting this loan extension. **Include any appropriate documentation. (Ex: doctor bills, hospital bills, etc.)**

How many **months** do you feel you need this extension? (*Circle one*) 1 2 3

I understand that my loan payoff date will be extended as a result of an extension and that the remaining terms of my loan document will remain the same.

_____ *Please Initial*

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the extension applied for. You hereby authorize Us, our employees and agents, to investigate and verify any information provided to Us by You. You acknowledge that You have read this agreement, that you understand it, and that you have completely filled it out.

Member Signature: _____ **Date:** _____

Joint Member Signature: _____ **Date:** _____

Office Use Only:

Current Due Date: _____ New Extended Due Date: _____

Loan Type: _____ Circle One: Monthly Biweekly Semi-Monthly

Original Payoff Date: _____ New Payoff Date: _____

_____ Verified that no Extensions have been granted within the previous 12 months.

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____