



COVID-19 Financial Relief Application

If you are experiencing a financial hardship due to COVID-19, and you feel you need loan payment assistance, please submit the following application.

Date _____

Account Number _____

Loan Type (Check all that apply):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Home Equity Line of Credit | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal Loan | <input type="checkbox"/> Home Equity Loan | |
| <input type="checkbox"/> Personal Line of Credit | <input type="checkbox"/> Mortgage | |

I am having financial difficulties as a result of: (Check all options that apply)

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Business Failure | <input type="checkbox"/> Other** |
| <input type="checkbox"/> Reduced income | <input type="checkbox"/> Death of Spouse | |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Military Service | |
| <input type="checkbox"/> Medical Bills | <input type="checkbox"/> Disability | |



****Other:**

Please explain your financial hardship:

Member Name (Print)

Coborrower Name (Print)

Member Signature

Coborrower Signature

Note: Please continue to make your regularly scheduled loan payments while your application is processed and reviewed for consideration. It may take up to 10 days from the receipt of all documentation to process this request.

Members can submit this form at their local Financial Center or via the following channels:

Mail: AmeriCU Credit Union
Attn: Loan Workout and Recovery
1916 Black River Blvd.
Rome, NY 13440

Fax: 315.356.3324

Email: relief@AmeriCU.org

