

## FAX COVER SHEET

Name:	Attention:
Telephone:	Fax: 702.697.8096
Number of Pages:	Member Loan Number:

### Required Information (if applicable)

- Signed and Dated Financial Worksheets (see attached four pages).
- 2 Most Recent Paystubs for all borrowers.
- 2 years most current IRS Form W2 for all borrowers.
- 2 months most current bank statements for non-Silver State Schools Credit Union accounts (include all pages).
- Most recent 2 years of signed tax returns (include all schedules).
- Self-Employed Borrowers – Most recent signed Profit & Loss Statement.
- Self-Employed Borrowers – 2 years of personal & business tax returns (including K-1's if applicable) (include all schedules).
- Current Disability, Retirement, Unemployment or Social Security Income (Award Letter).
- Current Rental Agreement(s) for any Rental Income.
- Proof of Spousal and/or Child Support Income or expense.
- Proof of Extraordinary Expenses that caused an inability to make normal payments.
- Mortgage Loans Only: Current Mortgage Statement for all non-Silver State Schools Credit Union loans on any owned residential real estate properties.
- Mortgage Loans Only: Current Homeowner's Insurance Policy Declarations Document for any owned residential real estate properties.
- Mortgage Loans Only: Sign and date all IRS 4506-T forms. Forms available on the Financial Hardship Assistance webpage (when requested).

**Documents should be submitted by mail, fax, or dropped off at your nearest branch location.**

Mailing Address: PO Box 12037, Las Vegas, NV 89112-0037, Attn: Credit Resolutions

Fax: 702.697.8096

Log on to [silverstatecu.com](http://silverstatecu.com) for locations and directions.



# BORROWER WORKABLE SOLUTIONS PERSONAL FINANCIAL STATEMENT

SSSCU Loan Number:
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## Part A – Borrower Information (please print clearly)

Borrower Name	Social Security Number	Co-Borrower	Social Security Number
Borrower Phone Numbers Daytime: _____ Evening: _____ Cell: _____		Co-Borrower Phone Numbers Daytime: _____ Evening: _____ Cell: _____	
Property Address Street: _____ City: _____ State: _____ Zip _____		Length of Residency _____ Mailing Address (if applicable) Street: _____ City: _____ State: _____ Zip _____	
Email Address		Email Address	
Employer (current)	Position	Employer (current)	Position
Years on the Job	Employer Phone	Years on the Job	Employer Phone
If in current job for less than 2 years, enter your previous employer information below:			
Employer (previous)	Position	Employer (previous)	Position
Years on the Job	Employer Phone	Years on the Job	Employer Phone

## Part B – Monthly Household Income

Description (Monthly):	
Household Monthly Gross Income:	
Other Income:	
Other Additional Income (i.e., SSI, Rental, 2nd Job, Child Support):	
Total Gross Monthly Income:	

## Part C – Personal Assets

	Institution	Balance
Name of depository where your paychecks(s) are deposited:		\$
Depository where you have checking or savings accounts:		\$
Name of institution where retirement account is held:		\$
Name of institution where investment account is held:		\$
Value of your primary residence:		
Value of other Real Estate assets held:		

## Part D – Monthly Expenses (Attach a separate sheet of paper with the information if required)

Description (Monthly)	Monthly Payment	Balance Outstanding	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Taxes on Primary Home (if not included in #1)	\$	\$	
3. Insurance on Primary Home (if not included in #1)	\$	\$	
4. Rent Payment (if owner not occupying subject property)	\$	\$	
5. Maintenance/Homeowners Association Fees	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Other Loans	\$	\$	
9. Credit Cards (minimum payment)	\$	\$	
10. Alimony/Child Support	\$	\$	
11. Child/Dependant Care	\$	\$	
12. Utilities (water, electricity, gas, cable, etc.)	\$	\$	
13. Telephone (landline and cell phone)	\$	\$	
14. Insurance (automobile, health, life)	\$	\$	
15. Medical Expenses (uninsured)	\$	\$	
16. Car Expenses (gas, maintenance, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other Monthly Expense (explain)	\$	\$	
19. Other Monthly Expense (explain)	\$	\$	
20. Other Monthly Expense (explain)	\$	\$	
<b>TOTAL</b>	\$	\$	

## Part E – General Questions (if applicable)

Please try to complete as many of the questions as possible. Additional information may be necessary and SSSCU will need to speak with you during the assistance process.

1. How many people live in the household including ages?			
2. What is your primary vehicle? _____ Financed with SSSCU? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you own any other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the following items:			
<b>Lender Names</b>	<b>Monthly Payment</b>	<b>Principal Balance</b>	<b>Co-Borrower (if applicable)</b>
	\$	\$	
	\$	\$	
	\$	\$	
5. What is the amount of funds you immediately have available to apply toward your delinquent account? \$ _____			
6. In addition to the amount stated above, what amount will you have available in 30 days? \$ _____			
7. Have you sought assistance regarding your loan obligations with other lenders? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part E – General Questions** (Continued)

Please try to complete as many of the questions as possible. Additional information may be necessary and SSSCU will need to speak with you during the assistance process.

Under penalty of perjury fully explain the reason why you are behind on your loan payment(s) or are in imminent danger of default.

*(If needed, attach a separate sheet of paper for explanation.)*

What is your proposal for restructuring your loan obligations(s) with Silver State Schools Credit Union?

*(If needed, attach a separate sheet for explanation.)*

**Part F – Prior Bankruptcy**

1. Have you or a co-borrower on any debt previously filed for bankruptcy?  Yes  No

If yes, please complete the following:

Name of Debtor \_\_\_\_\_

Date filed \_\_\_\_\_ Case Number \_\_\_\_\_ Was Discharge entered?  Yes  No

2. If this debt was discharged as part of a prior bankruptcy proceeding, I acknowledge that the instant application is not an attempt to collect a debt, and that any modification agreement, if one is offered will not impose or otherwise modify my personal liability on the debt.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date



**AMERICAN SHARE INSURANCE**

Your savings insured to \$250,000 per account. By members' choice, this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

**Authorization to Release Information Form**

IN ADDITION TO THIS FINANCIAL STATEMENT AND ITS ATTACHMENTS, 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 STATED 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.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

**Authorization to Release Information to a Third Party Individual**

I/WE HEREBY AUTHORIZE YOU TO RELEASE TO \_\_\_\_\_  
ANY AND ALL INFORMATION THEY MAY REQUIRE FOR THE PURPOSE OF A REVIEW.

THANK YOU.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



# NOTICE

## FINANCIAL ASSISTANCE AND YOUR CREDIT UNION LOAN OBLIGATION

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Silver State Schools Credit Union makes extraordinary efforts to assist our members who are suffering from temporary or permanent financial hardship with regard to any loan obligation(s) with the credit union.

Should assistance with regard to a member's loan obligation(s) be granted, it is expected that the member(s) adherence to changes made to the original terms of the loan obligation(s) will be strictly adhered to going forward. This means that all payments are expected to be made in advance or by the due date set. The fact that a loan agreement allows for a grace-period, before assessing a late-charge, is not relevant as it relates to making payments by the contractual due date on a credit union loan obligation; and that all payments must be made in advance or 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.*

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I have read and understand the above disclosure as it relates to my/our loan obligation(s) with Silver State Schools Credit Union and my/our request for potential financial assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**AMERICAN SHARE INSURANCE**

Your savings insured to \$250,000 per account. By members' choice, this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.