



Home Equity & Residential Loan COVID-19 Temporary Payment Relief

My income has been adversely affected by COVID-19 related issues. As a result I am unable to meet the contractual payment obligations for the loan(s) listed below, and I am requesting temporary relief.

Loan Number (last 4 digits)	Borrower Name

- 1) I am temporarily unemployed Yes No
- 2) My working hours have been reduced from _____ to _____ hours per week
- 3) My employment has been terminated Yes No Effective Date: _____
- 4) I am still being paid by my employer Yes No If Yes, % of regular pay: _____%

Request is to pay **interest-only payments** for three consecutive months. If less than three months, enter # of months here: _____

Request is to defer **principal & interest payments** for three consecutive months. If less than three months, enter # of months here: _____

NOTE: Regarding Home Equity Lines of Credit: At the end of the deferral period, you will repay any deferred interest in a schedule between 6 to 18 months. Any deferred principal may be added to the balance due on the scheduled maturity date.

NOTE: Regarding all Other Mortgage Loans: You will be required to continue to pay all amounts related to property taxes and insurance (flood, hazard, etc.) and may be subject to other conditions in connection with approval of your request. Deferred principal and interest payments will be added following the current maturity date and may extend the maturity date by the number of months in the deferral period.

Signed and dated Income and Expense Statement (on next page) is attached.

Provide additional explanation of the need for payment relief (e.g., living expenses, other debt, etc.):

BORROWER(S):

By: _____
Name: _____
Date: _____

By: _____
Name: _____
Date: _____

**Income and Expense
Statement (Personal)**

Name of Borrower: _____

Address: _____

Statement Projected From: _____ To: _____

Please provide at least a 90 day projection of your Income and Expenses

Gross Income \$ _____

Expenses

Loan Payment (s) \$ _____

Income Taxes \$ _____

Real Estate Taxes \$ _____

Insurance \$ _____

Utilities \$ _____

Miscellaneous \$ _____

\$ _____

Total Expenses \$ _____

Net Operating Income \$ _____

I certify that the above information is complete and accurate to the best of my knowledge and belief:

(please sign)

Date: _____