



Pandemic Interim Loan Payment Relief Program

FD Community FCU recognizes the financial difficulties that our members may have during these unprecedented times and we are here to help our members and the communities we serve. Use this Skip-A-Payment Loan Extension Agreement to skip the monthly payment on an **eligible** FD Community Federal Credit Union loan.

Non-Eligible Loans Include:
Mortgage Loans, Home Equity Line of Credit, Member Business Line of Credit

Member Name(s) _____ Account Number _____

Unemployment Claim Filed? - Yes / No (Circle one) – Last Four Digits of SSN(s) _____

Date Claim Filed: _____ Status of Claim Filing: _____

To qualify for a Skip-a-Payment, review the check list below:

- *Self Employed Borrowers will soon be eligible for upcoming unemployment benefits. Please submit your requests in the interim as this relief program may be able to assist on a case by case basis.
- Requests must be made at least five (5) business days prior to the loan due date.
- Requests are valid for one month. Each additional monthly request must be resubmitted.
- Proof of Hardship (layoff, reduced hours, furlough etc.) paperwork on letterhead is necessary on first request. *This may also be required for future requests.
- Loan must be paid through March 16th, 2020. Loans past due more than 15 days are not eligible.
- Extension is not valid for the first loan payment.
- Request must be signed by all persons who signed the original note.

Loan Payment you Wish to Skip

- Auto Loan with an outstanding Balance of \$ _____
- Signature/Personal Loan with an outstanding Balance of \$ _____
- Visa with an outstanding Balance of \$ _____

I fully understand that although no loan payment will be required for one month, interest will be charged on the unpaid balance from the date of last payment and will be taken at the time my next regular loan payment is made the following month. This extension is not a release from responsibility for the interest charge during the month payment is skipped. Choosing a skip payment option will extend the maturity of the loan and the total finance charge paid. The provisions of my original agreement remain in full force and effect. I agree that I will resume making scheduled payments beginning with the payment due during the month following the deferral and will make all scheduled payments due thereafter. **I also understand that if I have GAP coverage on my vehicle loan, the skipped payment(s) on that loan may affect the benefit amount. Please refer to your GAP protection documents.**

Signatures are **REQUIRED** by all persons who signed the original note. All parties have read the agreement above and have met the requirements of this request.

Borrower _____ Tel# (Required) _____ Email (Required) _____ Date: _____

Coborrower _____ Tel# (Required) _____ Email (Required) _____ Date: _____

How to Submit a request: Please sign the Application and return the completed form(s) to a branch location **night drop near you**. Additionally, you may email a legible picture of the signed Skip a Payment form to: Lending@fdcommunityfcu.org - Attn: **Lending Department**.

Both delivery will methods will require a separation letter (company letterhead) from the employer(s).

***An email address is required for correspondence. Someone from the credit union will reach out via email to confirm approval of the request. Additional questions on a request will be sent via email as well.**