



Type of loan:  Real Estate (Mortgage)  Home Equity loans  HELOC  
 Commercial

Account number: \_\_\_\_\_ Loan number: \_\_\_\_\_

## Loan Payment Assistance Application

If you are having mortgage and/or commercial payment challenges, please complete and submit this application to Sun Community Federal Credit Union via mail: PO Box 4210, El Centro, CA 92243 or email to:

[RealEstate@suncommunityfcu.org](mailto:RealEstate@suncommunityfcu.org)

We will contact you within 48 hours to acknowledge receipt of your request. If additional information or documentation is needed, we will notify you.

We will use the information you provide to help us identify the assistance you may be eligible to receive.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling).
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

### Borrower Information

Borrower's name: \_\_\_\_\_

Security Number/TIN : \_\_\_\_\_ E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

Co-Borrower's name: \_\_\_\_\_

Security Number/TIN : \_\_\_\_\_ E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

### Property Information

Property Address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

**Property information continued:**

The property is currently:  Primary residence  Second home  An investment property  
 Primary business location

The property is (select all that apply):  Owner occupied  Renter occupied  
 Fully vacant  Partially vacant

**Hardship**

The hardship causing mortgage payment challenges began on approximately (date)\_\_\_\_\_.

The reason for the payment deferral request is:

Medical  Financial  Other  COVID-19

Please provide a brief description of your situation:

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**Borrower Certification and Agreement**

1. I certify and acknowledge that all of the information in this Loan Payment Assistance Application is truthful, and the hardship I identified contributed to my need for loan relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide Sun Community Federal Credit Union with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the loan payment assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for loan payment assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*

\* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature : \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_