



**COVID-19 Hardship Relief Request Form**

MEMBER NAME(S): \_\_\_\_\_ ACCT: \_\_\_\_\_

Borrower 1 EMPLOYER NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

INCOME (prior to hardship): \_\_\_\_\_ PER HOUR/MONTH/YEAR (circle one)

Borrower 2 EMPLOYER NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

INCOME (prior to hardship): \_\_\_\_\_ PER HOUR/MONTH/YEAR (circle one)

ADDITIONAL INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_

**BRIEFLY DESCRIBE YOUR CURRENT HARDSHIP SITUATION, INCLUDING ANY ANTICIPATED RETURN TO WORK DATES, ETC (attach additional page, if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I am requesting financial hardship assistance from Sno Falls Credit Union, and that the information contained in this form is accurate to the best of my knowledge. Sno Falls Credit Union may also pull my credit report in association with this request.

X \_\_\_\_\_  
Member Signature Date

X \_\_\_\_\_  
Member Signature Date