



COVID-19 Relief Request & Attestation Form

We are committed to helping our members navigate these difficult times. Please complete the information below, so that we can determine which of our relief programs would best suit your needs. Additional forms, such as loan modification agreements, may be required.

MEMBER INFORMATION

Name: _____ Member Number: _____ Best Contact Number: _____ Email Address: _____

Briefly describe the type of relief you are seeking (i.e. lower monthly payments; deferred payments; etc.):

MEMBER ATTESTATION & SIGNATURE

By signing below, I hereby attest that:

- All of the information contained herein is accurate;
- I have been materially and financially impacted by COVID-19; and
- I am seeking financial relief, as outlined in the previous section.

Signature: _____

Date: _____

Signature: _____

Date: _____