P.O. Box 3003 Los Alamitos, CA 90720-1303

800.426.1917 | SouthlandCU.org



Dear Member,

We appreciate the opportunity to help discuss and analyze your current financial situation to assist you with your financial needs.

The following items are required from you in order to consider modifying or adjusting your loan with Southland Credit Union and must be received in our office within **10** days.

- ✤ A letter from you detailing your financial hardship and the circumstances surrounding your situation along with proof of hardship.
- Include your two most recent pay stubs and your last two years of Federal Tax Returns.
- Completed form (see attached)
- Three months bank statements

You may return these documents via fax at (866) 630-5792 or mail to P.O. Box 3003 Los Alamitos, CA 90720-1303 Attn. Consumer Lending

Respectfully,

Credit Union Representative Southland Credit Union Fax (866) 630-5792

Financial Analysis

| Member Account number: | |
|------------------------|--|

| BORROWER NAME(s) | |
|-----------------------|--------------------------|
| Name: | |
| | |
| Name: | |
| | |
| Home Telephone number | Work Telephone number |
| () | () |
| Cell phone number | Best time to contact you |
| () | |

ADDRESS

| Street address | | |
|----------------|-------|----------|
| City | State | Zip code |

Please provide Email address:

INSTRUCTIONS:

Section A: Monthly Income Data

Enter income in separate columns for each borrower who has income. Make sure to include such items as alimony or child support and income from rental property. Include any other source of income received which does not fit into any of the listed categories under *other*, then indicate the source of that income.

Section B: Assets/Liabilities

Indicate assets owned under the appropriate category. Determine the current estimated value. If money owed on the asset, enter the amount owed under *Amount Owed*.

<u>Section C: Monthly Expenses</u> Record your monthly expenses in the appropriate area. Enter the remaining amount owed under Balance Due for such items as mortgage, credit cards, and loans etc.

<u>SECTION A</u>: MONTHLY INCOME DATA

| Description | INCOME Applicant | INCOME Co-Applicant | TOTAL |
|-----------------|---------------------|------------------------|-------|
| Gross Monthly | | | |
| Salary/Wages | \$ | \$ | \$ |
| Overtime Pay | \$ | \$ | \$ |
| Commissions | \$ | \$ | \$ |
| Alimony/ | | | |
| Child Support | \$ | \$ | \$ |
| Rental Property | \$ | \$ | \$ |
| Other | | | |
| | \$ | \$ | \$ |

SECTION B: ASSETS/I IABILITIES

| ASSETS/LIABILITIE | | |
|-------------------|-------------|-------------|
| Description | TOTAL VALUE | AMOUNT OWED |
| Home | | |
| | \$ | \$ |
| Other Real Estate | | |
| | \$ | \$ |
| Car (s) | Veh. 1:\$ | \$ |
| | Veh. 2:\$ | \$ |
| | Veh. 3:\$ | \$ |
| Checking | | |
| Account(s) | \$ | \$ |
| Saving(s) | | |
| | \$ | \$ |
| Collections | | |
| | \$ | \$ |
| Stocks/Bonds | | |
| CD's | \$ | |
| Other Investments | | |
| | \$ | |

Please answer the following questions:

- How many people are in your household?:
 Do you have a vehicle that is paid off?
 If yes, what is the make & year of the vehicle _____/ ____ and what is the estimated value of the vehicle(s)?

SECTION C:

| MONTHLY EXF | PENSES | | | |
|---------------------|--|--|--|---|
| Category | Description | Monthly Payments | Balance Due | <u>Delinquent</u> > Y=Yes / > N=NO > Number of months |
| Monthly Payments | Mortgage Other Mortgage Payments Alimony/Child Support | \$ \$ \$ | \$ \$ \$ | |
| Loans | Automobile Automobile Personal or Student Loan Personal or Student Loan RV/Boat Loan | \$ \$ \$ \$ \$ | \$ \$ \$ \$ | |
| Credit Cards | Discover Visa Visa Master Card Master Card Other Other | \$ \$ \$ \$ \$ \$ \$ \$ | \$ \$ \$ \$ \$ \$ \$ | |
| Utilities | Electricity Heating Telephone/Cell Phone Water/Sewage | \$ \$ \$ \$ | \$ \$ \$ \$ | |
| Insurance | Automobile Health (if paid out of pocket) Life Dental (if paid out of pocket) | \$ \$ \$ \$ | \$ \$ \$ \$ | |
| Car | Gasoline Maintenance Monthly parking | \$ \$ \$ | \$ \$ \$ | |
| Food Clothing | Family New Clothes/Shoes | \$ \$ | \$ \$ | |

| | Dry Cleaning | \$ \$ | |
|---------------|----------------|----------|--|
| Miscellaneous | Child Care | \$ \$ | |
| | Cable TV | \$ \$ | |
| | Entertainment | \$ \$ | |
| | Medical Bills | \$ \$ | |
| | School tuition | \$ \$ | |

| Additional Debts | Monthly B Payments | Delinquent Y=Yes / N=NO Number of months |
|---------------------|-----------------------|---|
| | \$ \$ | |

I have described my present financial conditions on this Financial Analysis form and the attachment hereto, and I certify that all the information provided is true, accurate and correct to the best of my knowledge.

I understand and realize that the financial information I am providing will be used by Southland CU (SCU) to analyze my options with respect to my outstanding loan with SCU.

I further understand and acknowledge that any action taken by SCU on my behalf will be in strict reliance on the financial information I am providing herein. I also understand that a copy of my credit report may need to be obtained to further clarify my expenses.

I therefore agree that, if it is determined that the financial information I have provided contained information which was misrepresented by me and thereby caused actions to be taken which would not have been taken had the true fact and circumstances been known,

I shall be liable for any or all losses or damages suffered by Southland Credit Union

| By | | Date | |
|------------|-----------------------|------|--|
| | Signature of Borrower | | |
| By | | Date | |
| , <u> </u> | Signature of Borrower | | |