

Financial Hardship Form

Assets/Liabilities			
Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Secondary Home	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA/401K/Keogh Accounts	\$	\$	\$
Stocks/Bonds/CD's	\$	\$	\$
Cash Value of Life Ins.	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

Expenses					
Description	Monthly Payment	Balance Due	Delinquent	Yes	No
First Mortgage	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Second Mortgage	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Third Mortgage	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Liens (Judgments, Taxes)	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Alimony/child Support	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Homeowners Assoc. Dues	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Child Care	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Medical	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Credit Card(s) (Total)*	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
*Please provide complete detailed information about all credit cards on page 4 of this form.					
Auto Loan #1	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Loan #2	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Loan #3	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Insurance	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>

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Terms and Conditions:

I/we understand that the financial information I'm/we're providing will be used to determine if I/we qualify for any workout options available through the lender and/or insurer of my mortgage and/or other loan. I/we further understand that approval to participate in any workout options will be based on the information I'm/we're providing. Additionally, I/we understand that submitting this form neither expressly nor implicitly guarantees my/our qualification for any loss mitigation program.

I/we certify that the information included on this form is true, accurate and complete to the best of my/our knowledge. I/we understand that I/we will be held liable for any and all losses or damages incurred by the lender and/or insurer of my mortgage and/or other loan as a result of any inaccurate information knowingly provided by me/us, or any misrepresentation on my/our part.

Upon notification by Northern States Power St. Paul Credit Union, I/we fully understand that I/we will be required to submit, under separate cover and within a time frame determined by Northern States Power St. Paul Credit Union, copies of my/our last two bank statements, my/our most recent Federal tax return(s), copies of my/our last two pay stubs and any other documentation requested from Northern States Power St. Paul Credit Union for the purposes of qualifying me/us for a loss mitigation program.

To be considered for any workout options, I/we further understand that Northern States Power St. Paul Credit Union must independently verify financial information by obtaining a credit report and any other form of verification Northern States power St. Paul Credit Union deems appropriate. By signing below and submitting this form, I/we agree to these terms and conditions and authorize Northern States Power St. Paul Credit Union to obtain a credit report and verify employment or assets to facilitate the processing of this request.

X

Signature of Borrower

X

Signature of Co-Borrower