If you would like to skip a payment*, simply print and complete this authorization by choosing below which loan(s) you would like to skip.

Member Name ____________________________________________________________

Co-borrower/Guarantor Name(s) ____________________________________________

Member # ___________________________ Loan # ___________________________

Loan Payment Amount $ ___________________________ Loan Type Code ____________

Daytime Phone # ___________________________ Email _________________________

Which month would you like to skip? Circle one:

MARCH    APRIL    MAY    JUNE

Borrower(s) Signature____________________________________________________ Date ______________

Co-borrower’s/Guarantor Signature(s)________________________________________ Date ______________

By signing above, you agree that interest will continue to accrue during the month that the payment is skipped. All deferrals are subject to NOFFCU approval.

Accepting this offer will have the effect of raising the Annual Percentage Rate (APR) on your loan. You can skip more than one eligible loan. Offer excludes mortgages.

Note: Only one borrower’s signature will be required to authorize the emergency skip pay.

*Payment = (1) monthly, (2) bi-weekly, (2) semi-monthly, or (4) weekly

Drop off at the branch and place in night drop
or
fax to 985-532-1631
or
mail to: NOFFCU • PO BOX 689 • Metairie, LA 70004
or
Log in at www.noffcu.org
to our Online Banking and upload the form to
our secure message center

CREDIT UNION USE ONLY
Processed by______________________ Date _____

Revised 03-19-2020
Emergency Skip Pay/Loan Extension Hardship Application

Borrower Name: __________________________          Co-Borrower Name: ________________________

Account Number: _________________________           Account Numbers: ________________________

Address: ___________________________  City: _________________  State:______  Zip: ____________

SELECT ONE:
My hardship is expected to last up to:
☐  30 Days    ☐  60 Days    ☐  90 Days

I would like to skip payments / extend my loan for the days listed above.

The following documentation MUST be included to determine eligibility for Skip Pay/Loan Extensions:
1. Signed Skip Pay/Loan Extension Form
2. Signed hardship application and affidavit explaining the need for the Skip Pay/Loan Extension

I/We understand and realize that the financial information being provided will be used by the Credit Union to analyze my options with respect to my consumer and mortgage loans with the Credit Union. I/We further understand and acknowledge that any action taken by the Credit Union will be made in strict reliance on the financial information I provided herein. I/We understand that the Credit Union may need to obtain a credit report to continue processing a hardship application request. I/We understand signing this analysis authorizes New Orleans Firemen’s Federal Credit Union to obtain a credit report if necessary. By signing below, we certify that the information and documentation provided is true and correct to the best of my/our knowledge.

Hardship Affidavit

My checkmark below indicates the event(s) that have contributed to my inability to pay:

<table>
<thead>
<tr>
<th>BORROWER</th>
<th>CO-BORROWER</th>
<th>EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>I lost my job and now am unemployed.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>My employer reduced my pay. Overtime eliminated, regular hours or base pay reduction</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>I am underemployed. I lost my job, but my current job pays less than my previous job.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>A borrower or primary wage earner in the household has died.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>I am self-employed and have endured a decline in business earnings.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>A serious illness has impacted a household member.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>My employer has either lost business or closed business as a result of a natural disaster or other crisis which has impacted my income.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>A family member has suffered a disability or illness that results in an increase in uninsured major medical expenses.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>My spouse or other wage earner in the home has lost income.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Other, please explain: __________________________________________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Other, please explain: __________________________________________________</td>
</tr>
</tbody>
</table>

I hereby represent that the identified event has occurred and is the cause of my inability to pay my account(s)/loan(s). Further, I understand and acknowledge that New Orleans Firemen’s Federal Credit Union may investigate the accuracy of the identified event(s), such as by requiring me to provide supporting documentation. I understand that if I mis-state the nature or occurrence of the event(s) or fail to provide any required documentation, that New Orleans Firemen’s Federal Credit Union may, in its sole discretion, declare me in default under the Agreement, declare the Agreement null and void, and re-commence any repayment or collection activities.

Borrower Signature: __________________________  Date: ________________

Co-Borrower Signature: __________________________  Date: ________________