



An educated choice

COVID-19 FINANCIAL HARDSHIP 1st MORTGAGE 90-DAY FORBEARANCE FORM

Please print all information.

Due to the Coronavirus (COVID-19) pandemic, I (We) am (are) experiencing financial hardship due to _____

I (We) wish to participate in the **three (3) Month Hardship Skip-a-Mortgage Payment(s) Program*** being offered by the Tobacco Valley Teachers Federal Credit Union (TVTFCU)
Months to skip _____, _____ and _____.

I (We) understand that by participating in the program, that the loan balance after skipped payments will be amortized over the remaining term of the loan. This will result in slightly higher monthly payments.

I (We) also understand that the interest will continue to accrue.

I (We) remain obligated for the payment of both principal and interest at the same rate of interest provided in the original note.

I (We) understand that real estate taxes and homeowners insurance payments are not included in this forbearance, and will be paid when due.

I (We) am (are) bound by all provisions of the original note and understand that the original note remains in full force and effect except for those changes made in this agreement and the Forbearance and Mortgage Agreement.

I (We) realize that the loan must not be past due at the time of request.

I (We) must sign a 1st Mortgage Forbearance Agreement.

Account Number _____ Loan Type _____

Loan Number _____

PRIMARY MEMBER INFORMATION

Name _____

Signature _____

Home Phone _____ Cell Phone _____

CO-BORROWER INFORMATION

Name _____

Signature _____

Home Phone _____ Cell Phone _____

***There must be 1 month in between skipped months. A maximum of 2 skipped months allowed over a 12 month period.**

CREDIT UNION USE ONLY:

APPROVED BY _____

DATE _____

P 860-253-4780

P 800-749-8305

F 860-253-4785

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Enfield, CT 06082

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