COASTAL
— CREDIT UNION —

# Disaster Relief Request Application

## Applying for Member Assistance

**Step 1:** Complete our Disaster Relief Request Application

**Step 2:** Provide the required information below:

- Description of Hardship*

The above information can be sent by:

- Email to map@coastal24.com
- U.S. mail to Coastal Credit Union, Attn: Member Assistance Program, PO Box 58429, Raleigh, NC 27658
- My Fax Number: 866-570-1718

**Step 3:** Once you have submitted a completed application, please allow 3-5 business days for a loan officer to contact you to discuss your application

## Member Assistance Request Form

| | | | |
|---|---|---|---|
| **Account Number:** | **Full Name of Requester:** | **Preferred phone number:** | |
| **Street Address:** | | | |
| **City:** | **State:** | **Zip Code:** | **Email:** |
| **Loan Type(s) and Sub(s):** | | **How would you describe the situation:** ☐ **Temporary** ☐ **Permanent** | |
| **Type of Assistance Needed:** | | **Gross Monthly Income: $** | |
| **Current or Previous Employer:** **Employment Status:** ☐ **Employed** ☐ **Unemployed** | | **Monthly Mortgage or Rent: $** | |
| ***What is your hardship?** ☐ **Disaster (Nationwide or Statewide)** ☐ **Reduction in Income** ☐ **Unemployment** ☐ **Business Failure** ☐ **Increase in Housing Expenses** ☐ **Other** | | | |
| **Please describe the reason for this request:** | | | |
| **Disclosures and Agreements:** **By submitting this request, I understand that full payments will continue to be due by the due date as specified in my loan agreement until notification is received that my request has been approved and processed. Additionally, by signing below, all parties authorize Coastal to obtain a consumer credit report.** | | | |
| **Borrower Print Name:** | **Date:** | **Borrower Signature:** | **Date:** |