

How to request for Hardship Assistance:

First, we need information to help us understand your situation. The requested information must be provided by all parties on the Note and Mortgage, and must contain the following:

1. A letter explaining the exact circumstances of your hardship (please include exact dates and figures)
2. A completed LFCU Borrower Statement form
3. Copies of your past two years' tax returns
4. Copies of your two most current bank statements (i.e. Savings, checking, credit union or other financial institutions)
5. Copies of the two most recent pay stubs (including unemployment, compensation, disability, or SSI)
6. Copy of current Property Tax bill (if not escrowed)
7. Copy of current Property Insurance Policy (if not escrowed)
8. Copy of Homeowners Association Statement/Bill
9. If the property is listed for sale, please include a copy of the listing agreement
10. Complete Personal Financial Assessment – to be submitted to Balance. Please contact Balance at 888-456-2227 to schedule an appointment.

Please note: we cannot begin the Hardship Assistance review until you have participated in the financial fitness program through BALANCE and all required documentation (noted above) is received.

The required information may be faxed:

Attn: Loss Mitigation Counselors 818-565-2317

or mailed to:

**Lockheed Federal Credit Union
Attn: Loss Mitigation Counselors
2340 Hollywood Way, P.O. 6759
Burbank, CA 91510**

LOCKHEED FEDERAL CREDIT UNION BORROWER FINANCIAL STATEMENT

LOAN # _____

BORROWER				CO-BORROWER		
Borrower's Name				Co-Borrower's Name		
Social Security #	Home Phone #	Work Phone #		Social Security #	Home Phone #	Work Phone #
Mailing Address				Property Address		
Do you occupy the property? Yes No	Is it a rental property? Yes No	If so, what is the monthly rental income? \$		Is the property listed for sale? Yes No	If so, with whom?	
Real Estate Agents Name:				Credit Counseling Representative:		
Real Estate Agents Phone #:				Credit Counseling Rep's Phone:		
Have you contacted a credit counseling service for help? Yes No		Do you pay real estate taxes (outside of mortgage payment) Yes No		Are taxes current? Yes No		
Have you filed Bankruptcy? Yes No		If yes, Filing Date: _____ Chapter 7 Chapter 13		Attorney's Name:		Are there other liens? Yes No
				Attorney's Phone #:		
EMPLOYMENT						
Employer - Borrower		How Long?		Employer Co-borrower		How Long?
MONTHLY INCOME BORROWER				MONTHLY INCOME CO-BORROWER		
Wages	\$			Wages	\$	
Unemployment Income	\$			Unemployment Income	\$	
Child support/Alimony	\$			Child support/Alimony	\$	
Disability Income	\$			Disability Income	\$	
Rents Received	\$			Rents Received	\$	
Less: Federal & State, FICA	\$			Less: Federal & State, FICA	\$	
Less: Other Deductions	\$			Less: Other Deductions	\$	
TOTAL	\$			TOTAL	\$	
MONTHLY EXPENSES (All Borrowers)				ASSETS & LIABILITIES (All Borrowers)		
Other Liens on Primary Residence	\$			Type	Est. Value/Amount	
Other Liens on Primary Residence	\$			Checking Accounts	\$	/
Auto Loans Payments	\$			Savings/Money Market	\$	/
Credit Cards/Installment loans	\$			Stocks/Bonds/CD's	\$	/
Child Support/Alimony (documentation may be requested)	\$			IRA/Keogh Accounts	\$	/
Student Loans	\$			401K/ESOP Accounts	\$	/
	\$			Home	\$	/
	\$			Other Real Estate	\$	/
	\$			Cars	\$	/
	\$			Other	\$	
TOTAL				TOTAL		

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for repaying this loan.

"I agree as follows: My Lender may discuss, obtain and share information about my mortgage and financial situation with third parties regarding a possible alternative to foreclosure. Negotiations for a possible foreclosure alternative will not constitute a waiver of or defense to my Lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by me Lender. The information herein is an accurate statement of my financial status."

Submitted this _____ day of _____ 20____

You may mail this form along with the required documents or fax to 818-565-2317.

By: _____

By: _____



Member Information Release

Lockheed Federal Credit Union – Hardship Modification Program

Welcome to BALANCE. We look forward to working with you to help you achieve your financial goals. At BALANCE, we protect the privacy of our clients. In some cases, however, our clients will request that we share details of their counseling session with their referring credit union in order to qualify for certain special programs. If you will need your information released to your credit union, please let your counselor know when you call for service.

1. I authorize BALANCE to release information covered in my counseling session to my credit union. This information may include details of my income, expenses, current debts and action plan notes discussed and prepared by BALANCE.

Member name (please print) _____

Member number _____

Member address _____

Member phone number _____

Member signature _____ Date _____

2. Please fax this completed form to: **BALANCE, Attention: Supervisor, Fax # 415-777-4065**

*If you do not have access to a fax machine, please bring this form into your nearest Lockheed FCU branch and instruct the branch manager to fax the form for you.

3. The information may be released to the following:

Lockheed Federal Credit Union
ATTN Hardship Modification Program
Phone 818-565-2191
Fax 818-565-2317

Fax to be used by BALANCE to send documents to credit union: **Fax 818-565-2317**



Dear Client,

Thank you for contacting BALANCE.

The following is a worksheet for you to use to record your existing financial situation. Please print it out and complete it prior to your meeting. There is no need to send us a copy; during your hour-long counseling session, your counselor will ask you for this information. A recent pay check stub and your current creditor statements are also helpful to have available. If you are married, please provide the information for both you and your spouse.

We've also included a counseling agreement. Please take a moment to read it over before your session.

If you are unable to keep your appointment, please contact us as soon as possible at 888-456-2227 and we'll be happy to reschedule. Otherwise, your counselor will call you at the appointed time.

We look forward to speaking with you.

Regards,

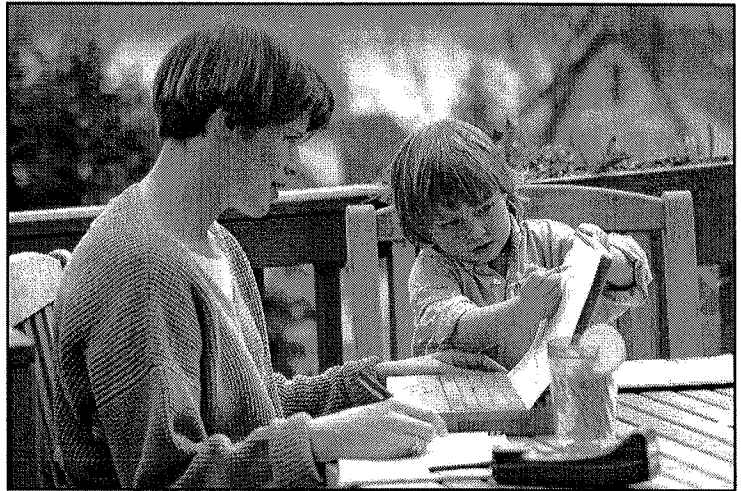
Ren Magat
Vice President



Personal Financial Assessment

BALANCE offers financial information and counseling nationwide to help individuals and families make the most of their money. We offer solutions for those experiencing a financial crisis, suggestions and guidance for those facing money challenges, and practical information for those considering financial opportunities.

The BALANCE financial fitness program is available to you and your family through the sponsorship of your employer, credit union or other organization with which you are affiliated. Each year, we help thousands achieve their financial goals.



During this call, you can expect to receive thorough, non-judgmental counseling. The session will include a discussion of your current situation and your concerns; a review of your income, expenses and debt; an explanation of your options; and a written action plan.

If you are having trouble keeping up with your bills, one of your options might be consolidation of your bill payments. Our Debt Management Plan allows you to make one payment to all your creditors through us. We will also negotiate with your creditors to stop collection action, lower payments and, in some cases, reduce or eliminate interest and fees.

595 Market Street, 16th Floor, San Francisco, CA 94105

888.456.2227 www.balancepro.net

