

**D.C. Teachers' Federal Credit Union
 COVID-19 Consumer Loan Debt Relief Program
 Skip-A-Payment (Deferral Program) Application**

Date Received _____ Fax Mail E-mail Walk-In Operator Number _____

Borrower Name: _____ Co-Borrower Name: _____

Mailing Address: _____

Email Address: _____ Contact Number: _____

Borrower Employer: _____ Occupation: _____

Status of Employment:

- Unemployed Temporary Lay Off On Paid Leave Furloughed Reduced Work Hours
 Employed Full Time

Co-Borrower Employer: _____ Occupation: _____

Status of Employment:

- Unemployed Temporary Lay Off On Paid Leave Furloughed Reduced Work Hours
 Employed Full Time

I/We have been negatively impacted by COVID-19 related issues. I/We are requesting financial relief for the following existing D.C. Teacher's Federal Credit Union debt obligations due to a temporary hardship.

Loan # _____ Loan # _____ Loan # _____ Other _____

Length of Deferral 30 Day 60 Day **NEXT PAYMENT DUE DATE** _____

- Is the account set up with automatic payment from credit union account Yes No
- Is the account set up with and ACH payment from other financial institution Yes No (member must stop)

Credit Line accounts can only be set up in 30 day intervals for a Skip A Payment

Additional information may be requested. Please note, that some of the documents require an original signature. These documents can be mailed back to the credit union at:

**D.C. Teachers' Federal Credit Union
 5656 3rd Street NE
 Washington, DC 20011
 Attn: Collection Department**

The information provided in this application is true and correct as of the date set forth opposite my/our signature(s).

 Borrower Signature

 Co-Borrower Signature

Credit Union Use Only

Borrower Identification

Co-Borrower Identification

ID Type & #	Issue Date	Exp Date	ID Type & #	Issue Date	Exp Date
Qualifier #1			Qualifier #2		

Processed By _____

Approved By _____