

**MARQUETTE SAVINGS BANK COVID-19 90-DAY PAYMENT DEFERRAL REQUEST FORM**

**Loan Number** \_\_\_\_\_ (found on your monthly billing statement)

**Property Address or Collateral:** \_\_\_\_\_

**I am requesting payment assistance for multiple loans:**    **Yes**    **No**

**The property is currently:**    **My Primary Residence**    **A Second Home**    **An Investment Property**

**The property is currently:**    **Owner Occupied**    **Renter Occupied**    **Vacant**

**BORROWER**

**CO-BORROWER**

Borrower's Name

Co-Borrower's Name

Home Phone with Area Code:

Home Phone with Area Code:

Cell or Work Number with Area Code:

Cell or Work Number with Area Code:

Email Address:

Email Address:

Preferred Method of Contact:

Home Phone    Cell or Work Phone    Email

Preferred Method of Contact:

Home Phone    Cell or Work Phone    Email

Name of employer: \_\_\_\_\_

Name of employer: \_\_\_\_\_

If self-employed, name of business:

If self-employed, name of business:

My income has been reduced or lost specifically due to COVID-19. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self- employed business earnings.

Yes    No

My income has been reduced or lost specifically due to COVID-19. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self- employed business earnings.

Yes    No

This reduction in or loss of income is

Temporary    Permanent    Unknown

This reduction in or loss of income is

Temporary    Permanent    Unknown

What date did your employment situation change?

What date did your employment situation change?

My current income has

Completely stopped    Been reduced

I'm still being paid, but I'm concerned how long it will last

If current income has completely ceased or been reduced, please list the date of your last paycheck

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Completely stopped    Been reduced

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If current income has completely ceased or been reduced, please list the date of your last paycheck

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<b>BORROWER</b>	<b>CO-BORROWER</b>
Have you applied for unemployment compensation? Yes                      No	Have you applied for unemployment compensation? Yes                      No
If yes, please list the date that unemployment pay is expected to begin	If yes, please list the date that unemployment pay is expected to begin

Please provide any additional circumstances and/or provide additional information on how you have been impacted by COVID-19.

**Borrower/Co-Borrower Acknowledgement**

1. I/we understand that it is unlawful to knowingly make false statements to a federally insured lending institution. Any such false statements whether willful or negligent may subject me/us to civil liability or criminal penalties.
2. I/we understand that Marquette Savings Bank will use this information to evaluate my/our eligibility for a 90-day payment deferment, but Marquette Savings Bank is not obligated to offer me/us assistance based solely on the representations in this affidavit.
3. I/we understand that Marquette Savings Bank may require me/us to provide additional documentation and/or require me/us to sign a separate Forbearance Agreement prior to entering a 90-day payment deferment.
4. I/we understand that a Loan Deferment plan is not debt forgiveness or a waiver of any present or future loan default.
5. By signing this acknowledgment, I/we understand the bank may immediately approve and implement a 90-day payment deferment plan for my/our loan(s). When approved, the bank will provide full disclosure of important information specific to your loan(s) entering deferment, including but not limited to: deferral repayment terms, effective dates of payments deferred, tax and insurance escrow payment options, application of partial loan payments, and credit bureau reporting.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date