



----- **HARDSHIP REQUEST FORM** -----

Community Name: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Home #: \_\_\_\_\_

**Requesting:** Please select one option below for consideration

Hold on payments and penalties for  One Month  2 Months  3 Months

New Payment Plan of \$\_\_\_\_\_ per month beginning on \_\_\_\_\_ (start date)

Reduce current Payment Plan to \$\_\_\_\_\_ per month beginning in \_\_\_\_\_ (start month)

OTHER: Be specific > \_\_\_\_\_

**Reason:**

Employment Furloughed: Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ Expect to return by: \_\_\_\_\_ (date)  Unknown

Recently Unemployed: Most Recent Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expect to return by: \_\_\_\_\_ (date)  Unknown

Reduced Hours/Income: Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ Expect to return by: \_\_\_\_\_ (date)  Unknown

Health Impacted: please elaborate  
\_\_\_\_\_

**OTHER: Please explain below:**

Empty box for other explanation.

**OFFICE USE ONLY:** Current Account Balance: \$\_\_\_\_\_ as of \_\_\_\_\_

Monthly Assessments -or-  Annual Assessments

Employment Status Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Directors Decision: Recorded in meeting minutes dated \_\_\_\_\_

Approved  Disapproved  Conditionally Approved

NOTES: \_\_\_\_\_