



Dear Member(s),

Thank you for your recent loan inquiry. Freedom Credit Union (“credit union”) wants to help you through this current COVID-19 situation. Pursuant to Chapter 65 of the Acts of 2020 (“Chapter 65”), we are offering you the opportunity to temporarily skip loan payments. To do so, please review the Terms and Conditions, then complete and sign (including joint borrowers) the agreement section below indicating the loan payment date(s) you are requesting to skip. You also need to fill out the Hardship Certification (“Certification”) on the following page and return both pages to the credit union. At any one time, you can request a maximum of three (3) monthly deferred payments. If you are still experiencing a financial impact from COVID-19, you must contact the credit union to request an additional forbearance. You are only entitled to a Chapter 65 forbearance while the law is in effect and a maximum forbearance of 180 days.

Please fax this request to (413) 733-0761 or scan the signed copy and email it to loan_servicing@freedom.coop. If you are unable to fax or email, please contact the credit union at 844-316-6791. You can also mail it to: Freedom Credit Union, Attention: Loan Servicing Department, P.O. Box 3009, Springfield, MA 01101-3009

Account # _____

Name # 1 _____

Name # 2 _____

Indicate the payment due date(s) you want to skip:

Are you currently using Auto Transfer for this monthly payment? Yes _____ No _____

TERMS & CONDITIONS:

You request Freedom Credit Union defer your loan payment(s) as indicated. You agree and understand that finance charges will continue to accrue at the rate provided in your original loan agreement. This payment deferral may extend the payment and maturity date of your loan. If applicable, your escrow payments may be adjusted to catch-up for missed payments. If you previously elected credit life and/or disability insurance, the insurance coverage will not be extended beyond the original maturity date. If you have financed a Guaranteed Asset Protection (GAP) waiver, your coverage terminates at the original maturity date. **You CANNOT use this form if your mortgage loan is serviced for the FHLBB. Please contact the Credit Union for more information.** The use of this form on a loan serviced for the FHLBB will not be honored. Unless modified herein, all other terms of your loan documents are still in effect.

**Borrower Certification and Agreement for COVID-19 Related Assistance
Under Chapter 65 of the Massachusetts 2020 Legislative Session Laws**

- 1) I acknowledge that the “COVID-19 emergency” is the state of emergency concerning the novel coronavirus disease outbreak declared by the governor on March 10, 2020.
- 2) I also affirm that my current inability to make my loan payments is due to my experience of a financial impact from the COVID-19 emergency.
- 3) I acknowledge and agree that under Chapter 65 of the Massachusetts 2020 Legislative Session Laws (“Chapter 65”), the credit union may be obligated to offer me assistance based solely on my representations in my application and this certification document.
- 4) I also acknowledge and agree that the credit union would be under no obligation to provide loan assistance to me if I was not experiencing a financial hardship due to the COVID-19 emergency, and that after Chapter 65 expires the credit union will no longer be required to grant me a forbearance under Chapter 65.
- 5) I affirm my loan was originated for personal, family, or household purposes, and the property securing this loan (if applicable) remains my primary residence and is a residential property as defined by M.G.L. c. 244, § 35B as a dwelling house with accommodations for 4 or fewer separate households occupied by me not subject to a condemnation or receivership proceeding .
- 6) I consent to being contacted concerning this loan assistance application and certification at any telephone number, including mobile telephone number, or email address I have provided to the credit union
- 7) I affirm and acknowledge the information provided in this Loan Assistance Application and certification is true and correct as of the date set forth opposite my signature and that knowingly submitting false information may violate federal, state, and other applicable law.
- 8) I agree and acknowledge my transmission of this application and certification as an “electronic record” containing my “electronic signature,” as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application and certification containing a facsimile of my signature, shall be as effective, enforceable, and valid as if a paper version of this application and certification were delivered containing my original written signature.

Agreement to terms and conditions:

Borrower #1 Signature: _____

Date: _____

Borrower #2 Signature: _____

Date: _____

Hardship Certification

In order to be considered for the Skip A Pay Deferment Program with Freedom Credit Union, please explain the one or more events that are contributing to your difficulty making payments on your loan:



If any of your contact information has changed, please update below:

Change of Address Notification

Account #: _____

Borrower #1:

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Signature: _____ Date: _____

Borrower #2:

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Signature: _____ Date: _____