



Temporary Forbearance Form

Borrower Name: _____

Co-Borrower Name: _____

Loan #: _____

Street Address: _____

Please identify your financial hardship that made you unable to pay your loan on-time:

- Loss of Income
- Loss of Job
- Increase in Expenses
- Health Issues
- Business Revenue Decreased
- Other: _____

You must submit documentation to servicing@hawaiiancommunity.net to verify your hardship.

Parameters

Certification and authorization

My/Our signatures below certify that all information provided on this loan modification request form is accurate and complete to the best of my/our knowledge. I/We understand that a loan modification is not guaranteed and that failure to repay any past due or monthly loan payments as set forth in our original, signed Promissory Note is solely my/our responsibility and will reflect as a negative payment history on our credit reports if I/we do not take actions to remedy the situation.

Borrower Signature Date

Co-Borrower Signature Date