



Loan Extension Application and Agreement – First Mortgage

Primary Applicant: _____ Date: _____
 Joint Applicant: _____ Contact #: _____
 Address: _____ Account #: _____
 City: _____ Loan Suffix: _____
 State/Zip: _____
 Email Address: _____

Choose Requested Days: (30) (60) (90) _____ Days Requested

Name of Employer:

Primary _____ Work# _____ Gross Income (per month) _____
 Joint _____ Work# _____ Gross Income (per month) _____

Detailed Reason for Extension (use additional paper, if needed):

Extension Agreement:

I/We, _____ (the "Borrower"), have executed a Loan Agreement or Promissory Note dated _____ in favor of the Credit Union in the original amount of \$ _____. The current unpaid principal balance is \$ _____.

I/We request that the payment amount in the amount of \$ _____ be extended and the payment shall be payable on _____. I/We agree to pay the remaining outstanding balance, including interest, in monthly installments starting on _____ until the balance is paid in full. I/We acknowledge that this extension will cause the maturity date of this loan to be extended by ____ months.

All provisions of the original Promissory Note except those changed by this agreement remain in full force and effect. I/We understand that interest will continue to accrue during the extension period. If I/we choose to not make payments towards the Mortgage Escrow account during the extension period, I/we understand that any and all shortages in the escrow account must be replaced within two years. I/We hereby acknowledge receiving a copy of this agreement.

****At the end of 90-day extension period, may request for a temporary reduction in payments***

I/We, the co-maker(s) or guarantor(s) of this note, by signing below, agree to this Loan Extension and hereby waive all claims for exemption of liability as a result of this extension or deferral.

Date	Signature of Borrower	Date	Signature of Co-Maker or Guarantor

The Credit Union hereby approves the terms of this Agreement.

Date	Signature of Authorized Officer	Date	Signature of Additional Authorized Officer (if required)