

## Checklist

- Completed modification application
  - Signed and dated (REQUIRED)
  
- Letter of explanation (REQUIRED)
  
- Proof of income/unemployment documentation (REQUIRED)
  
- Itemized monthly budget (REQUIRED)
  
- Current mileage on vehicle/s  
(If applicable - REQUIRED)
  
- Additional documents
  - COVID 19 Employer impact notice
  - Bankruptcy papers
  - Modification papers
  - Account Statements

**PLEASE MAIL ALL REQUIRED DOCUMENTATION TO:**

Illinois Community Credit Union

Attn: Centralized Lending

501 W Main St

Genoa IL 60178

OR

**FAX to 815-784-6284**

OR

Drop off all documentation at your nearest branch location

## Modification Application

**APPLICANT**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 How long at this address? \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 ICCU membership # \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**CO-APPLICANT**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 How long at this address? \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 ICCU membership # \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**HOUSING INFORMATION**

|                                |                                |
|--------------------------------|--------------------------------|
| Monthly rent or mortgage _____ | Monthly rent or mortgage _____ |
| Mortgage balance _____         | Mortgage balance _____         |
| Approximate home value _____   | Approximate home value _____   |
| Mortgage/Landlord Name _____   | Mortgage/Landlord Name _____   |

**EMPLOYMENT / INCOME**

|                              |                              |
|------------------------------|------------------------------|
| Current Employer _____       | Current Employer _____       |
| Position _____               | Position _____               |
| Start Date: _____            | Start Date: _____            |
| Address: _____               | Address: _____               |
| Work phone # _____           | Work phone # _____           |
| Hourly wage/ Salary _____    | Hourly wage/Salary _____     |
| Hours worked per week: _____ | Hours worked per week: _____ |

NUMBER OF DEPENDENTS: \_\_\_\_\_

**REFERENCES**

Reference #1  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

Reference #2  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

**Debts/Obligations**

**Creditor                      Balance                      Mo. Payment**

| Creditor | Balance | Mo. Payment |
|----------|---------|-------------|
|          |         |             |
|          |         |             |
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**Debts/Obligations**

**Creditor                      Balance                      Mo. Payment**

| Creditor | Balance | Mo. Payment |
|----------|---------|-------------|
|          |         |             |
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**I am having difficulty making my monthly payments because of financial difficulties created by  
(Please check all that apply)**

- |                                              |                                               |                                             |
|----------------------------------------------|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Business Failure    | <input type="checkbox"/> Illness in Family    | <input type="checkbox"/> Military Service   |
| <input type="checkbox"/> Casualty Loss       | <input type="checkbox"/> Fraud                | <input type="checkbox"/> Payment Adjustment |
| <input type="checkbox"/> Reduction of Income | <input type="checkbox"/> Illness of Applicant | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Death in Family     | <input type="checkbox"/> Unemployment         | _____                                       |
| <input type="checkbox"/> Employment Transfer | <input type="checkbox"/> Incarceration        |                                             |
| <input type="checkbox"/> Death of Applicant  | <input type="checkbox"/> Marital Difficulties |                                             |

**I believe that my situation is:**

- Short Term (under 6 months)     Long Term (over 6 months)     Permanent

**I want to:**

- Keep Property     Sell property

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**Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.**

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Applicants signature

Date

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Co-applicants signature

Date