

EMERGENCY RELIEF SKIP-A-PAY* MORTGAGE APPLICATION

Skip your next residential loan payment(s)**.

Member Name(s): _____

Member Number: _____

Phone Number: _____

Email Address: _____

Residential mortgage loan type and loan number for monthly payment(s) being skipped*: _____
(If you're requesting to skip payments on multiple mortgage loans, you must complete one form per mortgage loan.)

First mortgage loan account number _____

Home equity loan account number _____

Home equity line of credit (HELOC) loan account number _____

Month(s) you wish to skip: _____

**Subject to eligibility, your mortgage loan agreement, and the skip-a-pay program terms and conditions set forth herein. Residential mortgage loans that were not originated by APG Federal Credit Union (APGFCU®), or that are presently serviced by APGFCU on behalf of third parties holding the loans, are not eligible. Mortgage loans secured by non-owner occupied properties or second homes or nonresidential real property, and mortgage loans originated primarily for business or commercial purposes, are not eligible.*

***You may be permitted to skip up to a maximum of three consecutive or nonconsecutive regular scheduled payments per mortgage loan under the Emergency Relief Skip-A-Pay program in calendar year 2020 only, after which regular payments must then resume. In addition, verification of loss of income must be provided in order to qualify for the second and third payment skip. Regular monthly payments of principal and interest must resume following the deferred monthly loan payment(s). This is a limited time skip-a-pay program for calendar year 2020 only, and will not necessarily be offered again. To qualify, your membership with APGFCU must be in good standing, and all APGFCU mortgage and non-mortgage loan payments owed by the member(s) and any applicable co-signer and/or co-borrower must not be more than 30 days past due when the skip-a-pay request is received by APGFCU. Please allow at least three business days to process a skip-a-pay request. All co-signer(s) and/or co-borrower(s) must sign this form.*

Please note: These skip-a-pay program terms, conditions, and eligibility requirements are subject to change at any time by APGFCU without prior notice.

AGREEMENT. By signing below, I/we understand and agree that: (1) Finance charges (interest) will continue to accrue without interruption on all unpaid principal if any monthly mortgage loan payment(s) is skipped (deferred). (2) After an agreed-upon deferral of any monthly mortgage loan payment(s), I/we must resume making the regular monthly or minimum payments of principal and interest due under my/our residential mortgage loan. If my/our mortgage loan payments are being made by automatic recurring debits from my/our authorized checking or savings account, the debits will automatically resume after the agreed-upon deferral. (3) A deferral will cause subsequent payments to be applied to higher total accrued finance charges (interest) before being applied to unpaid principal. The estimated amount of additional finance charges (interest) I/we will pay over the remaining scheduled term of the loan because of the requested payment deferral is \$_____. The actual amount of additional finance charges may vary from this estimate based upon the timing of future payments. The final payment due at maturity will include all then-unpaid principal, estimated to be \$_____ (the actual amount of principal due may vary from this estimate based upon the timing of future payments), unpaid accrued interest, and other charges, and may be higher than originally scheduled. (4) My/Our regular mortgage loan payments will continue to be adjusted (if applicable) pursuant to my/our mortgage loan agreement (if, for example, the mortgage loan interest rate is adjusted or an additional loan advance is taken). (5) If this skip-a-pay mortgage request is approved, all agreements in this paragraph and any applicable APGFCU skip-a-pay program terms then in effect will amend my/our mortgage loan agreement with APGFCU.

Each mortgage loan borrower and co-borrower must sign below.

Applicant Signature: _____ Date: _____

Co-applicant(s) Signature: _____ Date: _____

Co-applicant(s) Signature: _____ Date: _____

Click or call: apgfcu.com | 410-272-4000



Federally insured by NCUA



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MC-CL-FM-052120

APPROVED BY (Signature): _____