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HARDSHIP PROGRAM APPLICATION

Please complete this packet in its entirety. The information requested is required to understand your financial situation so that an informed decision can be made regarding your application. If you need more space to amply describe your financial situation please attach additional sheets.

Once complete, please mail this information to:

Holloway & Moxley, LLP P.O. Box 4953 Montgomery, Al 36103

If you have any questions please contact our office at (877) 542-3555.

This is an attempt to collect a debt; any information obtained will be used for that purpose. This communication is from a debt collector.

GENERAL INFORMATION

NAME:	ACCOUNT NUMBER:			
RESIDENT INFORMATION Check all that apply				
Own Rent	Other, If other Explain:			
ADDRESS:	<u></u>			
	STREET	CITY	STATE	ZIP
DATE OF BIRTH://_	HOME PHONE:()	CELI	. PHONE:()	
EMPLOYMENT INFORMATI	ON			
PLACE OF EMPLOYMENT:_				
EMPLOYMENT ADDRESS:_	STREET	CITY	STATE	ZIP
EMPLOYER PHONE: ()	EMPLOYER FAX:	(
ASSET INFORMATIO	N			
<i>INCOME</i> What are your sources of in	ncome? Check all that Apply:			
Wages Dividends	Social Security Disability_			
How often are you paid? W	/eekly Bi-Weekly Monthl	y Semi-Month	ly Other	_
If paid hourly average num	ber of hours worked per week:			
What is your monthly inco	me? \$/Month			
Property				
Do you own property othe	r than your primary residence? Yes	or No		
If Yes what is the property	address:			
Bank Accounts:	STREET	CITY	STATE	ZIP
Name of bank:				
Checking Balance:	Savings Balance: Ot	ther Balance:		
Investments:				
Amount in Stocks, Bonds, C	CDs, Mutual Funds and/or 401k:			
Other Assets:				
Type of asset:	Value:			
Type of asset:	Value:			

HARDSHIP INFORMATION

TYPE OF HARDSHIP (check all that apply)

Medical	Loss of Income	Business Fa	ailure	Other Hardship:	_				
HARDSHIP DETAILS:									
Is your Har	dship Permanent? Yes	No	? <u>If Yes</u>	please attach docume	ntation.				
Explain in detail the circumstances of your hardship. The more information we have the better we will be able to correctly assess your hardship. If more space is needed than is provided please attach additional sheets.									