

# CONSUMER HARDSHIP AFFIDAVIT



A completed and signed Consumer Hardship Affidavit for a Change In Terms on your loan may be delivered to the nearest Bank of Hawaii branch or mailed to Consumer Loan Management Services, P.O. Box 2900, Honolulu, HI, 96846-6000.

I am having difficulty making my monthly loan payment because of the reason(s) set forth below:

- Reduction of Income
- Household Financial Circumstances Have Changed
- Expenses Increased
- Other: (e.g., excessive debts, insufficient cash reserves, etc.)

COMMENTS: \_\_\_\_\_

Account Number: \_\_\_\_\_ Vehicle Year, Make & Model: \_\_\_\_\_

### BORROWER INFORMATION

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO. or TIN	DATE OF BIRTH
EMAIL ADDRESS	HOME PHONE (000) 000-0000		CELL PHONE (000) 000-0000	WORK PHONE (000) 000-0000
MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME ADDRESS (if different)
EMPLOYER'S NAME	YEARS AT CURRENT EMPLOYER		†NOTE: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
GROSS MONTHLY INCOME	OTHER MONTHLY INCOME †	SOURCE OF OTHER INCOME †		
NAME, ADDRESS, TELEPHONE NO., RELATIONSHIP OF NEAREST RELATIVE NOT LIVING WITH YOU				

### CO-BORROWER INFORMATION

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO. or TIN	DATE OF BIRTH
EMAIL ADDRESS	HOME PHONE (000) 000-0000		CELL PHONE (000) 000-0000	WORK PHONE (000) 000-0000
MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME ADDRESS (if different)
EMPLOYER'S NAME	YEARS AT CURRENT EMPLOYER		†NOTE: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
GROSS MONTHLY INCOME	OTHER MONTHLY INCOME †	SOURCE OF OTHER INCOME †		
NAME, ADDRESS, PHONE NO., RELATIONSHIP OF NEAREST RELATIVE NOT LIVING WITH YOU				

Have you filed for bankruptcy?  NO  YES COMMENTS: \_\_\_\_\_  
 Has your bankruptcy been discharged?  NO  YES

**PLEASE READ AND SIGN (BORROWER AND CO-BORROWER, IF ANY):** By signing below and submitting this Bank of Hawaii Consumer Hardship Affidavit (your "Hardship Affidavit"), Borrower, and if applicable, Co-Borrower ("you" or "your") agree with Bank of Hawaii (we", "us" or "our") as follows:

- Your Request:** You are asking for a Change in Terms on your existing loan in your name. You understand and agree that your request is subject to our credit approval.
- Applicable Information:** You represent that all of the information that you provided is true and correct, and you authorize us to verify the information that you provided both now and in the future.
- Add-ons:** If you purchased a credit life and/or disability policy and/or any add-ons (such as extended warranties: service, maintenance, road hazard, life and health disability or gap) on your original contract, your policies will **not** cover any extended term(s) of the original contract.
- Required Information:** Your consumer hardship request will be considered withdrawn after 30 days if all requested information is not received.

BORROWER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ CO-BORROWER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### IMPORTANT CUSTOMER INFORMATION

**Notice of Negative Information:** We may report information about your loan to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

### FOR BANK USE ONLY

EMPLOYEE NAME & SALES ID	BRANCH / DEPT NAME & NO	AFFIDAVIT RECEIPT DATE
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Bank of Hawaii 24-Hour Customer Service: In Hawaii 643-3888; In U.S. Mainland and Canada 1-888-643-3888 or  
 Guam & Saipan 1-877-553-2424; TTY 1-888-643-9888