



Main Office:  
P.O. Box 398, 4864 State Route 52, Jeffersonville, NY 12748  
(845) 482-4000 • www.jeffbank.com

### Financial Hardship Questionnaire

Date: \_\_\_\_\_

Which Jeff Bank branch do you routinely visit? \_\_\_\_\_

Customer / Business Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mortgage Forbearance Request:  Yes  No

Deposit Account Fee Waiver/Refund Request:  Yes (Check all that apply)  No

- ATM Fee
- Overdraft Fee
- Check Loan advance fee / Linked Account transfer fee
- Cash Back Checking Account monthly service charge
- Certificate of Deposit early withdrawal penalty

Explain why you are requesting relief.

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Loss of Income:  Yes  No      Source of Income: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

I, \_\_\_\_\_ certify that the above information is true and accurate.  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to [information@jeffbank.com](mailto:information@jeffbank.com).