



## HEROES Act Waiver

Please provide your current contact information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number or Account Number: \_\_\_\_\_

**Waiver type requested (check one, and include a copy of your military orders):**

- I am serving on active duty during a war, other military operation, or national emergency.
- I am performing qualifying National Guard duty during a war, other military operation, or national emergency.
- I am residing or employed in an area declared a disaster area by any federal, state or local official in connection with a national emergency. Note: A national emergency only qualifies if it is declared by the President of the United States.

Borrower or representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

01/17