

Landmark Condominium Association

Financial Hardship Assistance Application

Section 1: Applicant Information

Full Name: _____

Unit Number: _____

Phone Number: _____

Email Address: _____

Are you the legal owner of the unit? ☐ Yes ☐ No

Is this your primary residence? ☐ Yes ☐ No

Section 2: Reason for Hardship

☐ Loss of employment

☐ Medical emergency or illness

☐ Divorce or legal separation

☐ Natural disaster

☐ Other (please specify): _____

Briefly describe your current financial hardship and how it has affected your ability to meet your assessment obligations:

Section 3: Supporting Documentation

Please attach documentation relevant to your hardship. Examples:

- Termination or layoff notice
- Medical bills or physician's letter
- Divorce decree or legal documentation

Landmark Condominium Association

Financial Hardship Assistance Application

- Insurance claims or disaster recovery documentation
- Pay stubs, tax returns, bank statements
- Other documents as requested

List of documents submitted:

Section 4: Monthly Financial Disclosure

Monthly Household Income (after taxes):

Employment income: \$_____

Unemployment benefits: \$_____

Social Security / Disability: \$_____

Pension / Retirement: \$_____

Other income: \$_____

Total Monthly Income: \$_____

Monthly Household Expenses:

Mortgage: \$_____

HOA Assessments: \$_____

Utilities: \$_____

Groceries: \$_____

Transportation: \$_____

Insurance: \$_____

Medical Expenses: \$_____

Loan/Credit Card Payments: \$_____

Other: \$_____

Total Monthly Expenses: \$_____

Landmark Condominium Association

Financial Hardship Assistance Application

Section 5: Assets Disclosure

Checking: \$_____

Savings: \$_____

Other liquid assets: \$_____

Investment accounts: \$_____

Real estate (excluding primary residence): \$_____

Other significant assets: \$_____

Total Assets: \$_____

Section 6: Spouse/Co-Owner Financial Information

Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

Monthly Income: \$_____

Monthly Expenses: \$_____

Total Assets: \$_____

Section 7: Assistance Requested

☐ Temporary reduction in monthly assessments (up to 25%)

☐ Deferred payment plan (up to 6 months)

☐ Waiver of late fees during hardship

☐ Suspension of collection activity

Proposed Monthly Payment (if deferring): \$_____

Landmark Condominium Association

Financial Hardship Assistance Application

Section 8: Acknowledgments

_____ I confirm that all information provided is accurate and complete.

_____ I understand that submitting this application does not guarantee approval.

_____ I agree to provide additional documentation if requested.

_____ I understand that the Board has full discretion in evaluating this request.

_____ I understand that assistance, if approved, is temporary.

_____ I understand that inaccurate disclosures may result in denial or termination.

Applicant Signature: _____ Date: _____

Spouse/Co-Owner Signature (if applicable): _____ Date: _____