



Budget Analysis

If you are experiencing a financial hardship that is affecting your ability to repay your debit, Coastal may be able to help through the many plans available under our **Member Assistance Program**. The information you provide, as well as your participation in the program, are completely confidential. Complete the following information to assist with your request.

Personal Information

Account Number _____ Date _____

Primary Name _____ Co-Signer _____

Employer _____ Employer _____

Position _____ Position _____

Date Employed _____ Date Employed _____

Number of Dependents _____

| Monthly Expense | | Monthly Payment | Next Due Date | Balance |
|------------------|------------------------------|-----------------|----------------|---------|
| Housing | Rent-Apartment/Lot | | | |
| | Mortgage | | | |
| | Taxes & Insurance | | | |
| | Taxes-City/Other | | | |
| Utilities | Telephone | | | |
| | Electric | | | |
| | Gas-Utility/Bottle | | | |
| | Fuel Oil | | | |
| | Cable TV | | | |
| | Garbage Collection | | | |
| | Water/Sewer | | | |
| Total : | | | | |
| Insurance | Auto | | | |
| | Home/Apartment | | | |
| | Life | | | |
| | Medical | | | |
| Total : | | | Total : | |
| Assets | Cash on hand | | | |
| | Retirement funds | | | |
| | Cash value/personal property | | | |
| | Market value of securities | | | |
| Total : | | | | |

Send completed form by **email or fax to: Member Assistance Program:**

or

Email

Fax

MAP@coastalfcu.org

(866) 570-1718