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Please Complete and sign this worksheet, this information will help us in our effort to assist you. Ensure that you fully complete the form as this information will not only allow us to fully assess your situation, but also expedite the review process. Please include supporting documentation to support the information included in this form.

Member Number		Cell Number	
Primary Member Name			
Employer Name		Work Number	
Position Held			
Joint Member/Applicant Name		Cell Number	
Employer Name		Work Number	
Position Held			
Required Information		Member	Joint Member/Applicant
Gross Employment Income			
Secondary Income			
Disability			
Unemployment			
Living Expenses			
Mortgage/Rent			
Utilities			
Other Obligations Impacting your ability to pay	Type of Obligation	Monthly Payment	Unpaid Balance