

CERTIFIED HARDSHIP STATEMENT OF RECORD

FINANCIAL HARDSHIP STATEMENT OF FACTS:

Due to the loss of my job during the Covid-19 crisis, I've lost my ability to pay my bills.

ACCOUNT INFORMATION:

Capital One Bank NA
P.O. Box 123
Main, Anywhere 12345
Account Number: 00021252233665

PAYMENT DEFERMENT REQUEST:

Per conversation with your customer service representative (name,ID Number) I'm requesting a deferment of my monthly payments and interest charges from the date of March 23, 2020 to June 23, 2020. I should be back on my feet and able to restart paying the bill.

CREDIT PROTECTION STATEMENT:

During this period March 23, 2020 to June 23, 2020 your company agrees not to report negative information to the credit reporting agencies. (Transunion, Experian, Equifax) Including Late-payments, Missed Payments and Penalties.

Thank you

Jan Doe Signature _____ Date _____
123 Main Street
Anycity, USA, 12345