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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: _____

2/2024