

# APPLICATION FOR HARDSHIP/UNEMPLOYMENT DEFERMENT

(You must fill out **both** sides of this form)

Name: \_\_\_\_\_ Account Number(s) \_\_\_\_\_  
Address: \_\_\_\_\_  check if new \_\_\_\_\_  
\_\_\_\_\_ address \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (home) \_\_\_\_\_  
\_\_\_\_\_ (work) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
\_\_\_\_\_ (cell) \_\_\_\_\_

I request deferment of my student loan(s) payments, beginning \_\_\_\_\_ and ending \_\_\_\_\_. I meet the qualification(s) I have checked below, and I have attached the required documentation. I understand that the maximum benefit is three years, which will be granted to me in periods of not more than six months at a time. **Read this entire form before you fill it out.** If you do not qualify for any of these benefits, please send a request for forbearance.

- Prolonged illness, starting \_\_\_\_\_ and ending \_\_\_\_\_. Attach explanation of how your health affects your ability to pay this loan(s). **PROVIDE PHYSICIAN STATEMENT OF DIAGNOSIS, AND SUBMIT WITH THIS APPLICATION.** Complete the **Income & Expense Summary** on reverse side. I understand that interest accrues during this type of deferment.
- Unemployed since \_\_\_\_\_. Provide documentation such as **proof that you are collecting unemployment benefits with beginning and ending dates** and, if you are still unemployed, that you are actively seeking employment; **OR**  
 Working part time and unable to find full-time employment (full time = 30 hours per week for three consecutive months). I have not worked full time since \_\_\_\_\_. **To receive deferment of payments under this provision, provide one of the following information:**  
 I registered with the following public or private employment agency (does not include school placement offices or temporary employment agencies): **AND** attach a list of firms where you have applied for employment, including the firms' name and address, and the name and telephone number of a person to contact for verification.

**Name of agency:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

- I have not registered with an employment agency **BUT** attached is a list of firms where I have applied for employment, including the firms' name and address, and the name and telephone number of a person to contact for verification.
- I have been granted an Economic Hardship/Unemployment Deferment (not Hardship, Forbearance, or Income-Based Repayment) on my other federal loan(s) for the period starting \_\_\_\_\_ and ending \_\_\_\_\_, and I request this same deferment, for the same period of time, on my Federal Perkins Loan. **I HAVE ATTACHED DOCUMENTATION OF THE DEFERMENT I RECEIVED ON MY OTHER FEDERAL LOAN(S).**
- I receive payment under a federal or state public assistance program, such as Aid to Families with Dependent Children, Supplemental Security Income, Food Stamps, or state general public assistance. **I HAVE ATTACHED DOCUMENTATION THAT I AM RECEIVING THESE BENEFITS.**
- I work full time (30 or more hours per week), and  
 my Total Monthly **Gross** Income (TMGI) does not exceed the federal minimum wage, or 150% of the poverty line applicable to my family size.  
 Total monthly gross income (the **gross** amount you receive from employment and other sources before taxes and other deductions): \$ \_\_\_\_\_ **(attach copy of last tax return, or most recent pay statement).**
- I do not work full time and my TMGI is not greater than twice the federal minimum wage or the poverty line applicable to my family size and when I subtract the amount of payments I must make on all my federal education loans from my TMGI, the result is not more than the greater of the federal minimum wage or the poverty line for a family of two. **(I have attached documentation of my monthly income and my federal education loan debt.)**

Total monthly payments on federal education loans (list each federal loan **lender** (school/financial institution), **type** of federal education loan (Perkins/NDL, Stafford, Direct, Consolidation, Health Professions/Nursing, etc.), the amount you borrowed, and the **amount** of your monthly payment for each one. Attach copy of monthly bill for **each** loan.

Lender:	Type of Loan:	Amount Borrowed	Monthly Payment
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INCOME & EXPENSES SUMMARY

The following information is requested to determine your eligibility for hardship/unemployment deferment, forbearance, or a revision of your repayment schedule. The information you provide will remain confidential, however, we reserve the right to use this information if collection efforts become necessary. We also reserve the right to use a credit report to verify the information you provide.

Name: \_\_\_\_\_ Account Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (home) Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ (work) Social Security Number: \_\_\_\_\_  
\_\_\_\_\_ (cell)

### 1. Marital Status:

- Single
- Married
- Widow(er)
- Separated/Divorced

### 2. Number of Dependents: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Monthly Income from ALL Sources\*:

Gross Monthly Salary/Wages \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Alimony/Support \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Public Assistance \$ \_\_\_\_\_  
Social Security/Veteran \$ \_\_\_\_\_  
Stocks, Bonds & Investments \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Monthly Income:** \$ \_\_\_\_\_

**4. Checking Account Balance:** \$ \_\_\_\_\_

**5. Savings Account Balance:** \$ \_\_\_\_\_

### 6. Monthly Expenses:

Rent/Mortgage: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_  
Child Care: \$ \_\_\_\_\_  
Car Payments: \$ \_\_\_\_\_  
Other Vehicle(s) \$ \_\_\_\_\_  
Public Transportation: \$ \_\_\_\_\_  
Insurance: \$ \_\_\_\_\_  
Telephone: \$ \_\_\_\_\_  
Cellular Phone/Pager: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_  
Credit Card(s) \$ \_\_\_\_\_  
Other Charge Accounts: \$ \_\_\_\_\_  
Medical: \$ \_\_\_\_\_  
Cable/Satellite TV: \$ \_\_\_\_\_  
Entertainment: \$ \_\_\_\_\_  
Clothing: \$ \_\_\_\_\_  
Dry Cleaning: \$ \_\_\_\_\_  
Cleaning/Yard Service: \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**Total Monthly Expenses:** \$ \_\_\_\_\_

\*Attach documentation to substantiate all income AND expense entries.

inc & exp sum (11-10)