I request deferment of my student loan(s) payments, beginning ______/_____/____ and ending ______/_____/____. I meet the qualification(s) I have checked below, and have attached the required documentation. Approval of any requested deferment and the period of deferment are at the sole discretion of the University. I am responsible for making my monthly payment until my deferment is approved.

Read this entire form before you fill it out. If you do not qualify for any of these benefits, please send a request for a forbearance instead.

☐ Poor health/prolonged illness, starting _____/_____/_____ and ending _____/_____/____. Attach an 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 & Expenses Summary on reverse side.

☐ 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.

  ☐ I have made at least six diligent attempts to find full-time employment in the most recent 6 months.

  ☐ I am newly unemployed and have just started to make attempts to find full-time employment.

☐ 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 ______/_____/______.

☐ Other. Please explain:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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.

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 that supports all sources of monthly income entered in number 3 and include billing invoices to support all monthly expenses entered in number 6.