

University of Washington

Hardship Deferment/Forbearance Request Form

Complete all sections and return form to: Campus Partners P.O. Box 2901 Winston-Salem, NC 27102-2901		Telephone: 1-800-334-8609 Web: www.mycampusloan.com
Name of Borrower (<i>Last, First, Middle</i>) – please print or type		Social Security No.
Address of Borrower (<i>Number, Street, City, State, and ZIP Code</i>)		Account Number
		Daytime Phone
I am requesting temporary deferment or forbearance of the payments on my student loan. I certify that I am eligible for deferment/forbearance for the reason(s) listed below for the period of:		
From:	To:	(requested period must not exceed 12 months)

(Complete all sections that apply and provide required documentation)

☐ I am seeking, but unable to find full-time employment.
Enclosed are the required copies of my last two payroll or unemployment checks and certification of unemployment (see form on reverse side).

☐ I am experiencing a period of economic hardship. <u>Please enclose at least one of the following:</u>
- Verification that my request for <i>economic hardship</i> deferment has been approved on a Stafford, SLS or PLUS Loan, from my lender or the U.S. Department of Education (if applicable). - Documentation showing that I am receiving payment under a federal or state public assistance program. - Verification that I am working full-time and earning a total gross income that does not exceed the greater of minimum wage or an amount equal to 100 percent of the poverty line for a family of two, currently \$921.67/mo (Alaska: \$1153.33; Hawaii: \$1060.83). Note: If enclosing this documentation, please also complete the “Title IV Loans in Repayment” section (<i>on back</i>).

☐ Forbearance (interest continues to accrue) My payments on Perkins, NDSL, Stafford, SLS or PLUS loans are more than 20 % of my gross monthly income.
- Enclosed are the required copies of my most recent payroll checks showing my monthly gross income - Also enclosed is the required listing of all student loan payment obligations - please complete the “Title IV Loans in Repayment” section (<i>on back</i>).

☐ I request hardship deferment due to extraordinary circumstances (interest continues to accrue). (Check one and explain in detail) Temporary Total Disability ☐ , Incarcerated ☐ , Other Reasons ☐
Enclosed is the required documentation or certification requested by the University of Washington for verification
Explain:
Attach additional sheet if necessary

I understand that deferment or forbearance may be granted for 12 month intervals, not to exceed 36 months. If my request is approved for Hardship or Forbearance , I understand that interest continues to accrue. I prefer to pay accrued interest:			
(select one):	Monthly while in deferment ☐	Quarterly while in deferment ☐	At the end of the deferment ☐
Borrower Signature:		Date:	

For Institutional Use Only:			
Deferment Approved For:	Type _____	From _____	To _____
Date:	By:	Interest to be Billed:	

Title IV (Perkins, NDSL, Stafford, SLS, PLUS) Loans in Repayment

Lender	Account Number	Balance	Monthly Payments

Unemployment Certification

1. I certify that I am currently unemployed or am not employed full-time (that is, working more than 29 hours per week in a job expected to last at least three months) and am actively seeking full-time employment.
2. In order to verify that I am actively seeking employment, I have registered or will register with an employment agency and have this form certified by that agency.
3. I affirm that I have read this entire form carefully and fully understand its contents. I affirm all statements made on this form are true and correct. I understand that the University of Washington has the right to verify the authenticity of my unemployment and make any necessary inquiry in connection with the review of information concerning my ability to repay.

Borrower Signature _____ **Date** _____

Employment Agency Certification

I certify that the above named individual has been duly registered with this employment agency since _____
And is currently seeking employment.

Name of Agency:	Area Code/Telephone Number
Agency Address:	
Signature of Employment Service Representative:	Date: