WINIVERSITY of WASHINGTON University of Washington Student Fiscal Services 1400 NE Campus Parkway, Box 3558700

sfshelp@uw.edu

HARDSHIP/UNEMPLOYMENT DEFERMENT REQUEST **UNIVERSITY of WASHINGTON INSTITUTIONAL LOANS ONLY**

Borrower Information (to be completed by the borrower in blue or black ink)	
I am requesting a deferment on my University Institutional Loan(s) in accordance with the regulations of the program described in my original promissory note.	
Name:	_ Loan Account #:
Street Address 1:	_Street 2:
City, State, Zip:	_Country:
Home Phone: (Cell Phone: (
E-mail Address:	2 nd E-mail Address:
Current Employer/Service Agency Name & Address:	
Position Title:	_Employed From: To:
Deferment Requested Beginning date requested: (The maximum allowable deferment benefit is 36 months, granted up to a maximum of 6 months at a time.) Please select reason for deferment request: Poor health/prolonged illness starting and ending Please attach an explanation of how your health affects your ability to pay this loan and provide a physician statement of diagnosis. Unemployed since Please provide documentation, such as proof that you are collecting unemployment benefits, 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 employment Working part time and unable to fine full-time employment (full-time = 30 hours per week for three consecutive months). I have not worked full time since:	
Borrower Certification: I certify that all statements are true and correct. I will notify the University of any change in my address and/or employment status. I will provide additional documentation to the University of Washington, as required to support my eligibility for this deferment. <u>I understand that:</u> I must continue making monthly payments until notified of deferment approval.	
I understand that by signing below, I certify that I have read, understand, and meet the eligibility requirements for the deferment I am requesting.	

Signature

_ Date _____

Completed signed application may be faxed, scanned and emailed, or mailed to our office at the address above.
