

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: _____ 2nd E-mail Address: _____

Current Employer/Service Agency Name & Address: _____

Position Title: _____ Employed From: _____ To: _____

Deferment Requested

Beginning date requested: _____ through ending 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 find full-time employment (full-time = 30 hours per week for three consecutive months). I have not worked full time since: _____
- Other. Please explain:

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.

I understand that:

- 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.