

APPLICATION FOR HARDSHIP/UNEMPLOYMENT DEFERMENT

(You must fill out both sides of this form)

Name: _____ Account Number(s) _____
Address: _____
Telephone: _____ (home) _____
_____ (work) _____ Social Security No. _____

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.

1. 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.
2. Unemployed since _____. Provide documentation such as proof that you are collecting unemployment benefits and, if you are still unemployed, that you are actively seeking employment (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); **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):
Name of agency: _____ **Address:** _____
Contact: _____
Telephone: _____
 I have not registered with an employment agency (attach explanation).
 In the last six months, I have attempted to secure employment. 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.
3. I have been granted an Economic Hardship Deferment 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).
4. 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.
5. 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 100% of the poverty line for a family of two; *** or**
 my TMGI is not greater than twice the federal minimum wage or the poverty line for a family of two* 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; **or**
 the amount of payments I must make on all my federal education loans is at least 20% my TMGI, and the difference between my TMGI and the amount of payments I must make on my federal education loans is less than 220% of the minimum wage or the poverty line, whichever is greater. To determine your eligibility for deferment of payments under No. 5, provide the following:
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, and most recent pay statement).

Total monthly payments on federal education loans (list each federal loan **lender** (school/financial institution), **type** of federal education loan (Perkins/NDSL, 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: _____

*<http://aspe.hhs.gov/poverty>

Return to: **Campus Partners, P.O. Box 2901, Winston-Salem, NC 27102-2901**

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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: _____

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 \$ _____
Spouse's 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 a copy of your most recent income tax return AND documentation to substantiate all income and expense entries.