

# Request for Forbearance/Hardship/Unemployment Deferment & Temporary Disability

**Return this form within 10 days of receipt. Incomplete forms will not be accepted.**

I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the lending institution based on my financial situation. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum ten-year period.

NAME/ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAIL FORM TO: ECSI**  
**181 Montour Run Rd**  
**Coraopolis, PA 15108-9408**  
**Ph: (888) 549-3274**  
**Website: www.ecsi.net**

EMAIL ADDRESS: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
 DAY PHONE ( ) \_\_\_\_\_ EVENING PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

LENDING INSTITUTION **California State University, Fresno** **OPE #00114700**

**Section 1: Applicable Benefits**

- Benefit type 1 – I request forbearance on my Perkins loans because (Select one from A-D & check 1 or 2):**
- (A) \_\_\_\_\_ My title IV SFA loan payments are equal to or greater than 20% of my total monthly income. (Complete section 3)
  - (B) \_\_\_\_\_ I am unable to make scheduled payments due to 'Poor Health' (Attach explanation of how your health affects your ability to pay this loan & complete sections 3 & 4)
  - (C) \_\_\_\_\_ Caring for a disabled **dependent**. (Complete section 4)
  - (D) \_\_\_\_\_ I am in active duty in the military due to national military mobilization or cannot pay my loan because of another national emergency.
  - (E) \_\_\_\_\_ Other acceptable reason: \_\_\_\_\_ (Complete section 3 and attach an explanation)

\* Interest continues to accrue during this benefit type. For interest payment (1) \_\_\_\_\_ bill me monthly (2) \_\_\_\_\_ bill me at end of my benefit. **(We recommend paying interest monthly to avoid a lump sum payment at the end of this benefit type or forbearance)**

- Benefit type 2 – I request a Temporary reduction of my monthly loan payment:**  
 Based on my financial situation, I will make monthly payments in the amount of \$ \_\_\_\_\_ for a period of \_\_\_\_\_ months. If approved, I agree to make repayment of this amount each month as a condition of this agreement, and that if payment is not made, my agreement may be terminated by the school. (Complete section 3)

- Benefit type 3 – I request economic hardship deferment because (Select one from A-F):**
- (A) \_\_\_\_\_ I have been granted an economic hardship for my Stafford or PLUS Loan for the same period of time for which I'm requesting this deferment.
  - (B) \_\_\_\_\_ I am receiving payment under Federal or State Public Assistance. (such as AFDC, Supplemental Security income, Food Stamps, or State Public Assistance). (Complete section 3)
  - (C) \_\_\_\_\_ I work full-time and my total monthly gross income (TMGI) is not more than the maximum in the Poverty Guidelines (PG)
  - (D) \_\_\_\_\_ My TMGI is not more than twice the maximum listed in the PG minus my total monthly payments for Federal Education Debts (FED). The amount remaining does not exceed the larger of the amounts listed in the PG or the monthly earnings of an individual earning Federal Minimum Wage (FMW). (complete section 3)
  - (E) \_\_\_\_\_ I am working full-time and my monthly FED equals or exceeds 20% of my TMGI and the difference between my total TMGI and my monthly FED is less than 220% of the larger of the amounts listed in the PG or the monthly earnings of an individual earning FMW.
  - (F) \_\_\_\_\_ I am serving as a volunteer in the Peace Corp. (after cancellation benefits have expired) (complete section 3)

- Benefit type 4 - I request a deferment due to temporary total disability or I care for a disabled spouse or dependent .**  
 (Complete section 4) (*Application for Total and Permanent Disability must be made on Federal Form OMB No. 1845-0065*)

- Benefit type 5 – I request an unemployment deferment for a period of \_\_\_\_\_ month(s). I am currently unemployed and am actively seeking employment.** (verification of registration with an employment agency and /or a listing of agencies you've applied for employment with; including name, address, and phone number; must be submitted, as well as completion of # 3)

**Section 2: Borrower Certification , to be completed by all applicants.**

I certify that all statements made are true and correct. I also certify that I will immediately notify the lending institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the lending institution to obtain from my applicable parties' pertinent information in order to verify this application. Final responsibility for completion and return of this form to the institution rests with the borrower.

Signature \_\_\_\_\_ SS Number \_\_\_\_\_ Date \_\_\_\_\_

**Verification of all information must be submitted. Incomplete forms will be returned to the borrower. Deferments are approved per Federal Regulations, which may not be fully listed here.**

**Institutional Action**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Officials Name \_\_\_\_\_ Date \_\_\_\_\_

Verification of all information must be submitted. Incomplete forms will be returned to the borrower.

Section 3: Income, Expenses, Borrower Information

Table with two main columns: My Monthly Income and My Monthly Expenses. Income items include Gross Monthly Wages, Spouse's Gross Monthly Wages, Public Assistance, Unemployment, Child Support/Alimony, Workmen Comp., SS, Veterans, Other Income, and Total. Expense items include Rent/Mortgage, Utilities, Child Care, Car Payments, Other Vehicles, Public Transportation/Gas, Perkins Student Loan, Other Student Loans, Insurance, Telephone, Cell Phone, Credit Cards, Medical, Cable/Satellite TV, Food, Other, and Insurance.

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Dependents and Ages \_\_\_\_\_

Please list the name, address, and phone number of someone who will always know your whereabouts:

Name \_\_\_\_\_
Address \_\_\_\_\_
Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Section 4: Statement of Temporary Total Disability (Benefit 4) or Poor Health (Benefit 1B)

- Total and permanent disability is the inability to work and earn money because of an injury or illness that is expected to continue indefinitely or to result in death. Application for Total and Permanent Disability must be made on Federal Form OMB No. 1845-0065
A borrower is temporarily totally disabled if he/she is, due to illness or injury, unable to attend an eligible school or to be gainfully employed during a reasonable period of recovery. (for loans received 10/1/80 - 6/30/93)
A borrower may receive deferment for temporary total disability of a spouse or dependent if the spouse or dependent requires continuous nursing or other services from the borrower for a period of at least three months due to illness or injury. (for loans received 7/1/87 - 6/30/93)
A borrower may receive a forbearance if he/she is unable to make scheduled payments due to poor health.

The following affidavit is for the purpose of establishing the eligibility of a Federal Perkins/National Direct Student Loan recipient to receive deferment of his/her payments, due to temporary disability/ill health and is to be completed by a Physician.

I certify that in my best professional judgment, my patient \_\_\_\_\_

SS# \_\_\_\_\_, who is the (please check one) [ ] borrower [ ] spouse [ ] dependent of \_\_\_\_\_ is disabled. The nature of the patient's illness is \_\_\_\_\_ The patient's disability began on \_\_\_\_\_ Date

This disability is considered [ ] temporary [ ] permanent (please check one)

If applying for temporary total disability, I anticipate that this patient will recover to the extent that he/she will be able to either attend school and/or be gainfully employed (date) \_\_\_\_\_

I declare, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name and Title (M.D. or D.O.) \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's License Number \_\_\_\_\_

( ) \_\_\_\_\_ I am legally authorized to practice medicine/osteopathy in the state of \_\_\_\_\_ Physician's Telephone # \_\_\_\_\_