

# WEST VIRGINIA UNIVERSITY REQUEST FOR HARDSHIP DEFERMENT

REV Feb. 2010

NAME OF BORROWER			SOCIAL SECURITY NUMBER	
First	Middle	Last	-	-
ADDRESS			HOME PHONE #	
CITY			(       )	-
STATE			ZIP CODE	
CITY			EMAIL ADDRESS	

### SECTION 1 – TYPE OF HARDSHIP

Applicable to Perkins, Nursing, Health Professions, Disadvantaged, WV (Board of Trustees) Medical Loan, Nursing Faculty and other institutional loans.

**I request a hardship deferment because:**

A \_\_\_ deferment of payment due to “temporarily totally disabled.

B \_\_\_ Cancellation of loan due to “totally and permanently disabled.

C \_\_\_ Extraordinary circumstances (i.e. pregnant, caring for chronically ill parents or prolonged illness).

**ADDITIONAL INFORMATION IS REQUIRED, I.E. PHYSICIAN SWORN AFFIDAVIT FORM.**

Unemployment beginning date \_\_\_ / \_\_\_ / \_\_\_ ending date \_\_\_ / \_\_\_ / \_\_\_

### SECTION 2 – PERSONAL INFORMATION

Marital Status:     \_\_\_ Single                     \_\_\_ Married - Spouse’s Name \_\_\_\_\_

                           \_\_\_ Widow(er)                     \_\_\_ Divorced

Date of Birth:     \_\_\_ / \_\_\_ / \_\_\_                     NET (TAKE HOME) MONTHLY INCOME \$ \_\_\_\_\_

EMPLOYER’S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYER’S ADDRESS \_\_\_\_\_

I am receiving public assistance in the amount of \$ \_\_\_\_\_

If presently unemployed, check and complete one of the items below:

- \_\_\_\_\_ I have never been employed
- \_\_\_\_\_ I have received the maximum allowable unemployment benefits.
- \_\_\_\_\_ I did not work long enough to be eligible for unemployment benefits.
- \_\_\_\_\_ I am receiving weekly unemployment benefits of \$ \_\_\_\_\_.

### SECTION 3 – FAMILY INFORMATION

List the people in your household

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 4 – INCOME AND EXPENSES**

MONTHLY INCOME	STUDENT LOAN INFORMATION		
* _____ My Gross Wages	Loan Type	Loan Amount	Monthly Payment
* _____ My Spouse's Gross Wages	* _____	\$ _____	\$ _____
** _____ Public Assistance	* _____	\$ _____	\$ _____
** _____ Unemployment	* _____	\$ _____	\$ _____
** _____ Child Support	* _____	\$ _____	\$ _____
** _____ Other Income	* _____	\$ _____	\$ _____
** _____ Workmen Comp.	* _____	\$ _____	\$ _____
\$ _____ TOTAL	TOTAL	\$ _____	\$ _____
<b>*PLEASE FURNISH CHECK STUB</b>	<b>**PLEASE FURNISH EVIDENCE</b>		

ADDITIONAL INCOME & ASSETS	MONTHLY EXPENSES
Savings Account _____	Rent or Mortgage (circle one) _____
Checking Account _____	Utilities _____
Spouse's Net Monthly Income _____	Food _____
If single and living with parents, parent's combined monthly income _____	Car _____
If separated or divorced my monthly support income _____	Other _____
If a widow(er) and I am receiving funds From the spouse's estate, social security, Veterans benefits, etc _____	Other _____
TOTAL _____	Other _____
	TOTAL _____

Please use an additional sheet of paper to convey any circumstances that you feel would have a bearing on your request for a hardship deferment not covered above.

**SECTION 6 – BORROWER CERTIFICATION**

On my Student Loans, 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 West Virginia University. I also understand that if granted, this hardship deferment is for no more than six months duration. I understand that interest continues to accrue during hardship deferment and that I must make interest payments during this time.

I certify that all statements made above are true and correct. I also certify that I will immediately notify your office of any change in my financial situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY WEST VIRGINIA UNIVERSITY**

APPROVED: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DISAPPROVED

COMMENTS \_\_\_\_\_

SIGNATURE OF WVU OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_

If you have any questions, contact WVU at 304/293-2809. Return this form along with supporting documentation (if required) to:

West Virginia University  
Office of Student Accounts (Loans)  
P.O. Box 6003  
Morgantown, WV 26506-6003