



**Economic Hardship/Unemployment Deferment or Forbearance Request**

**University of Cincinnati P.O. Box 210140 Cincinnati, OH 45221-0140 (513) 556-3431**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_\_

SID: \_\_\_\_\_ -or- Last 4 of SSN \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Lending Institution \_\_\_\_\_ School Code \_\_\_\_\_

**You do not need to complete every question – Start with question #1 and follow the directions.**

**\*\* THIS WORKSHEET MUST BE RETURNED WITH OTHER REQUIRED DOCUMENTS\*\***

**1** Have you been granted a Deferment or Forbearance by another federal student loan program (e.g. Stafford, PLUS or other Perkins Loan) for the same time period for which you are requesting this deferment?  
 **Yes.** That deferment covers the time period starting \_\_/\_\_/\_\_. Documentation of current loan status is required. **\*Documentation must include start and end dates of approved deferment or forbearance. Do Not continue with this work sheet, Go Directly to Question 12.**

**No. Continue to Question 2.**

**2** Are you receiving payment under a Federal or State public assistance program, such as Temporary Assistance to Needy Families, Supplemental Security Income, or Food Stamps?

**Yes.** I began receiving these benefits on \_\_/\_\_/\_\_. **Send your most recent determination or other verification. Do Not continue with this work sheet, Go Directly to Question 12.**

**No. Continue to Question 3.**

**3** Are you unemployed or working less than 30 hours per week?

I am unable to find, but actively seeking full-time employment. **Go directly to Question 11.**

I am unable to work due to "Poor Health". **Go directly to Question 10.**

**No. Continue to Question 4.**

**4** Are you working full-time and earning a total monthly gross income that does not exceed 1256.67 per month, which is equal to someone earning minimum wage? *As of July 24, 2009 current minimum wage is \$7.25.*

*\*The current hourly minimum wage is available at [www.dol.gov/dol/topic/wages/minimumwage.htm](http://www.dol.gov/dol/topic/wages/minimumwage.htm)*

My Monthly Gross income is \$ \_\_\_\_\_

**Yes.** I have been earning minimum wage or less since \_\_/\_\_/\_\_. **Send your last two (2) pay stubs and evidence of any other income. If this is not your first request for economic hardship, include a copy of your most recent Federal Income Tax Return. Continue to Question 12.**

**No. Continue to Question 5.**

To complete the rest of this worksheet you will need information on your \*monthly gross income from employment and other sources. You may also need information on your Federal Education Loans.

\*Monthly Gross income is your income before taxes or other deductions, not including spouse's income.

5 Are you working full-time and earning a total monthly gross income that does not exceed 150% of the poverty line?

My Monthly Gross income is \$ \_\_\_\_\_

- a. Family of one \$ 902.50
- b. Number of Dependents (if any) \_\_\_\_\_ x \$311.67= \$ \_\_\_\_\_
- c. Total of 5a + 5b = \$ \_\_\_\_\_
- d. 150% of the poverty line Total from 5c \$ \_\_\_\_\_ x1.5 = \$ \_\_\_\_\_

**Residents of Alaska**

- a. Family of one \$ 1,127.50
- b. Number of Dependents (if any) \_\_\_\_\_ x \$390.00= \$ \_\_\_\_\_
- c. Total of 5a + 5b = \$ \_\_\_\_\_
- d. 150% of the poverty line Total from 5c \$ \_\_\_\_\_ x1.5 = \$ \_\_\_\_\_

**Residents of Hawaii**

- a. Family of one \$ 1,038.33
- b. Number of Dependents (if any) \_\_\_\_\_ x \$358.33= \$ \_\_\_\_\_
- c. Total of 5a + 5b = \$ \_\_\_\_\_
- d. 150% of the poverty line Total from 5c \$ \_\_\_\_\_ x1.5 = \$ \_\_\_\_\_

\*Annual poverty line guidelines, as defined by Section 673(2) of the Community Service Block Grant Act, are available at <http://aspe.hhs.gov/poverty/poverty.shtml>

**Yes.** My total monthly gross income has been less than the annual poverty line (from 5d) since \_\_/\_\_/\_\_. Send your most recent pay stub and evidence of any other income. If this is not your first request for economic hardship, include a copy of your most recent Federal Income Tax Return. Continue to Question 12.

**No.** Continue to Question 6.

6 My total monthly gross income is equal to or less than twice the amount of 150% of the poverty line.

- a. Multiply the amount from 5D by 2 = (5d x 2=) \$ \_\_\_\_\_
- b. My Monthly Gross income is \$ \_\_\_\_\_

c. Subtract 6b from 6a = (6a-6b=) \$\_\_\_\_\_

Is the result in Question 6c less than the amount in 5d?

**Yes. Continue to Question 7.**

**No.** You do not qualify for an Economic Hardship Deferment. You may still qualify for forbearance. **Complete Question 7 and Continue on to Question 9.**

**7**

Calculate your total monthly Federal education loan payments. Monthly payments on loans in default can be included.

Is This Loan Currently in Forbearance?      YES      NO

a. Monthly payment amount on a 10 year repayment schedule.

Federal Stafford Loan (subsidized and unsubsidized)	\$_____	<input type="radio"/>	<input type="radio"/>
Federal Direct Stafford Loan (subsidized and unsubsidized)	\$_____	<input type="radio"/>	<input type="radio"/>
Federal PLUS Loan	\$_____	<input type="radio"/>	<input type="radio"/>
Federal Direct PLUS Loan	\$_____	<input type="radio"/>	<input type="radio"/>
Federal Consolidation Loan/Federal Direct Consolidation Loan	\$_____	<input type="radio"/>	<input type="radio"/>
Federal Perkins Loan and/or National Direct Student Loan	\$_____	<input type="radio"/>	<input type="radio"/>
<b>7a. Subtotal:</b>	<b>7a</b>	\$_____	

b. Monthly payment amount on a 10 year repayment schedule.

Health Education Assistance Loan	\$_____	<input type="radio"/>	<input type="radio"/>
Nursing Student Loan	\$_____	<input type="radio"/>	<input type="radio"/>
Health Profession Loan	\$_____	<input type="radio"/>	<input type="radio"/>
<b>7b. Subtotal:</b>	<b>7b</b>	\$_____	

<b>7c. Total</b>	(7a + 7b = 7c)	<b>7c. Total:</b>	<b>7c</b>	\$_____
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*\* You must provide evidence showing monthly installment amounts.*

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My total monthly gross income minus my federal student loan payments is less than the poverty line for my family size.

a. My Monthly Gross Income is	\$ _____
b. My Monthly Student loan payments from 7c	\$ _____
c. Subtract 8b from 8a =	(8a-8b=) \$ _____

Is the result in Question 8c less than the amount in 5d?

- Yes.** My total monthly gross income minus loan payments has been below 150% poverty line since \_\_/\_\_/\_\_. Send copy of your most recent pay stub and evidence of any other income along with evidence of your Title IV Federal Education loan debt. Include the bill or payment stub from the most recent monthly payment, beginning loan balance(s) and repayment term(s) (e.g., disclosure statements or current Repayment schedules). **Continue to Question 12.**
- No.** You do not qualify for an Economic Hardship Deferment. You may still qualify for forbearance. **Continue on to Question 9.**

9

I am requesting forbearance because my Federal Student loan payments are equal to or greater than 20% of my total monthly income.

a. My Gross Monthly income is	\$ _____	x 0.2=	\$ _____
b. My Monthly Student loan payments from 7c	\$ _____		

Is the result from 9a equal to or less than 9b?

- Yes.** My Title IV loan payments have been equal to or greater than 20% of my monthly gross income since \_\_/\_\_/\_\_. Send copy of your most recent pay stub and evidence of any other income along with evidence of your title IV Federal education loan debt, including the bill or payment stub from the most recent monthly payment, beginning loan balance(s) and repayment term(s) (e.g., disclosure statements or current Repayment schedules). **Continue to Question 12.**
- No.** Please contact ECSI or your School directly to discuss other options.

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I am currently unable to make scheduled payments due to "Poor Health" (temporarily-total disabled).

**\*Must be completed by your physician\***

Patient's Name: _____	Subjective symptoms: _____
Relationship to Borrower: _____	Objective symptoms: _____
Date when symptoms first appeared: _____	Diagnosis: _____

Date accident occurred: \_\_\_\_\_ \*if needed please attach a separate sheet of paper.

**Treatment**

First visit date \_\_\_\_\_ Last visit date \_\_\_\_\_ Frequency of visit (Weekly, Monthly, Other) \_\_\_\_\_

**Progress**

Present Condition: Recovered \_\_\_\_\_ Unchanged \_\_\_\_\_ Improved \_\_\_\_\_ Retrogressed \_\_\_\_\_  
Is Patient: Ambulatory \_\_\_\_\_ Bed Confined \_\_\_\_\_ House Confined \_\_\_\_\_ Hospital Confined \_\_\_\_\_

**Extent of Disability**

	Any Occupation	Regular Occupation
Is patient 'NOW' totally disabled for?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If no, when is or was the patient able to go to work	____/____/____	____/____/____
If yes, will patient be able to resume any work/	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

Physician Name \_\_\_\_\_ Physician License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attending Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Continue to Question 12**

11

If you are unemployed or seeking employment, complete at least one of the following.

(a) I became unemployed or began working less than 30 hours per week and began seeking fulltime employment on \_\_/\_\_/\_\_. **Attach proof of unemployment benefits, from a State Agency.**

(b) I registered with the following public or private employment agency;  
(Please print or type. School placement offices and "temporary" agencies do not qualify as public or private employment agency.)

Name of Employment Agency \_\_\_\_\_ Telephone number \_\_\_\_\_

Agency Address (City, State, Zip) \_\_\_\_\_

Place Agency Seal or Stamp Here (notary seal not acceptable) or attach letter verifying individual's original registration date with agency.

(c) In the last six months, I have made attempts to secure full time employment at the following three firms.  
(not required of initial period of unemployment).

**Complete all the information requested for each of the three firms.**

\*If registered with an online agency, attach online application history from the last 3 months.

1. Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Contact Person (Name & Title) \_\_\_\_\_

2. Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Contact Person (Name & Title) \_\_\_\_\_

3. Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Contact Person (Name & Title) \_\_\_\_\_

**Continue on to Question 12.**

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**I understand that:** (1) This request will not be granted, unless **all applicable** sections of this form are completed and **requested documents are submitted;** (2) You may be granted a forbearance of your loans that are not eligible for deferment. (3) All final decision regarding my deferment/forbearance eligibility will be made in accordance with applicable Federal Regulations. **I certify that:** (1) The information provided above is true and correct; (2) I will provide additional documentation, as required, to the Student Loan Office to support my continued deferment/forbearance status; (3) I will notify ECSI or My Student Loan Office Immediately when the condition(s) that qualified me for this deferment/forbearance ends; And (4) I have read, understand, and meet the terms and conditions of the deferment/forbearance for which I have applied.

If, approved for forbearance, I understand that interest will continue to accrue, and I wish to pay this interest;

- At the end of the approved forbearance.
- Monthly as it accrues.

\*please provide an e-mail address where you will be notified, if your request is denied. \_\_\_\_\_@\_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_