

# Request for Forbearance/Hardship/Unemployment Deferment

**Section I** Complete this entire 3 page document and return to Texas Christian University

Borrower' Name
Street Address
City, State, Zip
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-Mail Address: _____

This number ensures proper handling of this form
TCU ID (if not known SSN)
<b>RETURN COMPLETED FORM TO:</b>
<b>Texas Christian University</b>
<b>Student Loan Accounting/Collections</b>
<b>TCU Box 297011</b>
<b>Fort Worth 76129</b>
<b>(817) 257-7097</b>
<b>Fax (817) 257-6802</b>

**IMPORTANT:** Please itemize income and expenses in Section II. Also use the back of this form to explain circumstances not covered in Benefit Section III that you feel would have a bearing on your deferment request. Attach copies of bill(s) to explain expenses. We cannot process this request without documentation of income and expenses. Please read and sign the certification below. Please note that you are required to make any payments that come due while your request is pending, and any deferment or forbearance applied to your account does not effect the past credit reporting.

<b>BORROWER CERTIFICATION</b>	
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 TCU. I further understand that this arrangement will consist of reduced or deferred payment, as determined by TCU based on my financial situation. It may be necessary to make accelerated payment at the expiration of this arrangement to repay the loan within the maximum ten-year period.	
I certify that all statements made are true and correct. I also certify that I will immediately notify TCU of any change in my employment status or significant change in my financial situation. I authorize a representative of TCU to obtain from my applicable parties' pertinent information in order to verify this application. Final responsibility for completion and return of this form to TCU rests with the borrower. This account will remain in status quo until this form is approved. If this form is incomplete, it will be returned to the borrower.	
I understand that <b>INTEREST CONTINUES TO ACCRUE IN FORBEARANCE AND MUST BE PAID MONTHLY.</b>	
_____ Borrower's Signature	_____ Date
Please list the name, address and phone number of someone who will always know your whereabouts:	
Name: _____	
Address: _____	
Home Phone: _____ Work Phone: _____ Cell Phone: _____	

## Section II – INCOME AND EXPENSES SUMMARY

The following information is requested to determine your eligibility for hardship 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.

<b>1. Marital Status:</b>  <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Widow (er)</b>  <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Divorced or Separated</b>	<b>2. Dependents</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Relationship</th> <th style="text-align: left; border-bottom: 1px solid black;">Age</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	Name	Relationship	Age												
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### 3. Monthly Income (Attach Documentation):

Net Monthly Income (current pay stub)	\$ _____
Spouse's Net Monthly Income (current pay stub)	\$ _____
Public Assistance (list type _____)	\$ _____
Support Income (if separated or divorced)	\$ _____
Other Income (list type _____)	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

Monthly Expenses (Attach copies of bills where possible):	Balance Outstanding	Monthly Payments
Mortgage/Rent	\$ _____	\$ _____
Car Expenses		
- Loan	\$ _____	\$ _____
- Gas, Oil, Insurance	\$ _____	\$ _____
<b>Student Loans</b> (list type):		
<input type="checkbox"/> Subsidized Stafford	\$ _____	\$ _____
<input type="checkbox"/> Unsubsidized Stafford	\$ _____	\$ _____
<input type="checkbox"/> Perkins	\$ _____	\$ _____
<input type="checkbox"/> Private/Institutional	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Insurance (Life, Health, Home)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Monthly Spousal/Child Support	\$ _____	\$ _____
Other Loans/Credit Cards:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**TOTAL MONTHLY EXPENSES**                      \$ \_\_\_\_\_

**NET TOTAL** (Monthly Income Minus Total Monthly Expenses)                      \$ \_\_\_\_\_

**Section III – APPLICABLE BENEFITS**

**Benefit Type 1:**

**FORBEARANCE/HARDSHIP**

Applicable to: Federal Perkins Program  
Nursing Loan

**Defers Principal only, Interest Billed During Deferment**

- \_\_\_\_\_ My title IV SFA loan payments is equal to or greater than 20% of my total monthly income.
- \_\_\_\_\_ I am unable to make scheduled payments due to "Poor Health" temporarily. (Additional Information required)
- \_\_\_\_\_ Caring for a **dependent** who is disabled. (Only on Perkins BEFORE 7/93) (Additional Information required)
- \_\_\_\_\_ Member of the US Armed Forces on full-time duty. (Only on Perkins BEFORE 7/93)
- \_\_\_\_\_ Other reason – Attach a description of the condition that affects your ability to pay this loan(s), as well as documentation to support your claim

**Benefit Type 2:**

**TEMPORARY REDUCTION**

Applicable to: Federal Perkins Program

- 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, the school may terminate the agreement.

**Benefit Type 3:**

**ECONOMIC HARDSHIP**

Applicable to: Federal Perkins Program

**Defers Principal and Interest.**

- \_\_\_\_\_ I have been granted an economic hardship deferment on a Stafford, SLS, FEEL, or Plus Loan, from my lender or the U.S. Department of Education. (Satisfactory documentation is required)
- \_\_\_\_\_ I am receiving payment under Federal or State Public Assistance. (AFDC, Supplemental Security income, Food Stamps, or State Public Assistance). (Satisfactory documentation is required)
- \_\_\_\_\_ My title IV SFA loan payments are equal to or greater than 20% of my total monthly income, and my monthly gross income minus my title IV loan payments is less than 220% of the earning of individuals on minimum wage, or 100% of the poverty income for a family of two.

**Benefit Type 4:**

**UNEMPLOYMENT**

Applicable to: Federal Perkins Program

**Defers Principal and Interest.**

- I am requesting an unemployment deferment for a period of \_\_\_\_\_ Month(s).  
I am currently unemployed and actively seeking employment. In order to verify that I am actively seeking employment, I must register with an **Employment Agency** and have this form certified.

**EMPLOYMENT AGENCY CERTIFICATION**

I certify that the above named individual has been duly registered with this employment agency since \_\_\_\_\_ and is currently seeking employment.

Agency Name \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

Agency Address: \_\_\_\_\_

Signature & Title of Employment Service Representative: \_\_\_\_\_