

**WESTERN KENTUCKY UNIVERSITY
1 BIG RED WAY – ATTN: MONICA RECTOR
BOWLING GREEN, KY 42101**

FEDBEARANCE DATES: _____ SOCIAL SECURITY #: _____

NAME: _____

ADDRESS: _____

NDSL/Perkins Loan # _____

I request a hardship deferment on my National Direct/Federal Perkins Loan. 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 Western Kentucky University. I also understand if granted, this hardship deferment is for no more than a six-month duration. I understand that INTERST CONTINUES TO ACCRUE IN DEFERMENT AND MUST BE PAID MONTHLY.

I realize that the enclosed **Personal Information and Financial Statement** must be completed and returned before my request for a Hardship Deferment can be processed

- | | | | | | | | | | | | |
|--|---|----------------|--|--------------|-----|-------|-------|-------|-------|-------|-------|
| <p>1. Reason for requesting deferment:

_____</p> <p>2. If unemployed, dates continuous unemployment began: ____/____/____</p> <p>3. If medical hardship, list doctor and last date of visit and period of illness. Doctor's statement is required.
_____</p> <p>4. Check & 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 \$_____.</p> <p>5. If no individual income and living with parents, parent's net, monthly income is \$_____.</p> | <p>6. Widow(er) receiving \$_____ monthly from spouses' estate, social security, Veterans benefits, etc.</p> <table border="0"><tr><td>7. Dependents:</td><td></td></tr><tr><td>Relationship</td><td style="text-align: center;">Age</td></tr><tr><td>_____</td><td style="text-align: center;">_____</td></tr><tr><td>_____</td><td style="text-align: center;">_____</td></tr><tr><td>_____</td><td style="text-align: center;">_____</td></tr></table> <p>8. Other Student Loans:
Type(s): _____
Amount Total(s): \$ _____
Monthly Payment(s): \$ _____</p> <p>9. Please write on the back of this form if there are any special reasons that you feel would have a bearing on your request for hardship not listed above:</p> <p><input type="checkbox"/> Please check this box if you have included additional information on the back of this form.</p> | 7. Dependents: | | Relationship | Age | _____ | _____ | _____ | _____ | _____ | _____ |
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| Relationship | Age | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | |

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE AND CORRECT. I also certify that I will immediately notify your office of any status, address or significant change in my financial situation.

Signature: _____ **Date:** _____

*****If you have any questions, please contact Monica Rector at (270) 745-2986*****

PERSONAL INFORMATION AND FINANCIAL STATEMENT

Authorization for Release of Information

I hereby authorize any person, including financial institutions, insurance companies, utility companies, creditors, caseworkers, employment counselors, credit counselors, landlords, employers, and credit reporting agencies with and knowledge of records of my personal finances, to prove such information to Western Kentucky University or its authorized representative, and I forever release such persons, Western Kentucky University, and its authorized representatives from any and all liability arising therefrom.

Signature: _____ Date: _____

Name: _____ Current Address: _____

Social Security No: _____

Home Phone No: _____ - _____ - _____

SECTION A – PERSONAL

Home (check one): Own ____ Rent ____ *Other ____ * Explain Other

Mortgage Holder/Landlord: _____ Phone No.: _____ - _____ - _____
Address: _____
Monthly Payments: \$ _____

SECTION B – INCOME INFORMATION

Your current employer: _____ Phone No.: _____ - _____ - _____
Address: _____
Department: _____
Shift: _____
Wage/Salary: _____
Sources of other Income: _____ *Include copy of pay check stub
(Include spouse, unemployment, or welfare benefits)

SECTION C – EXPENSE INFORMATION

Creditors Name	Monthly Pymts	Current Balance	Credit Limit	Security	Security Value
Auto Loans:					
1.					
2.					
Credit Cards/Limit					
1.					
2.					
Student Loans					
1.					
2.					
Other:					

SECTION D – REFERENCES

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____