



Request for Forbearance/Hardship & Unemployment Deferment

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.

Borrower's Name/Address:		Mail Form to:
Name:		Robert Morris University
Address:		Perkins Department, Suite 17
City:		401 S. State St.
State:	Zip Code:	Chicago, IL 60605
Email Address:		
Account Number:		

Section 1 – Applicable Benefits

- Benefit Type 1 – I request forbearance on my Perkins loans because (Select one from A-D & check 1 or 2 on E):**
 - (A)___ I am experiencing financial difficulty. **(Complete section 2, 3 & 4)**
 - (B)___ I am unable to make scheduled payments due to 'Poor Health' (temporarily – totally disabled). **(Complete section 4 and 6)**
 - (C)___ I am enrolled in a course of study that is part of Department approved **rehabilitation**-training program for disabled individuals. **(Complete sections 4 and 6)**
 - (D)___ Caring for a **dependent** who is disabled. **(Complete section 4 and 6)**
 - (E) 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 economic hardship deferment because: (Complete section 3 & 4)**
 - (A)___ I have been granted economic hardship for William D. Ford Federal Direct Student Loan (FDSL) or Federal Family Education Loan (FFEL) for the current period of time. **(Satisfactory documentation is required)**
 - (B)___ I am receiving payment under Federal or State Public Assistance. (AFDC, Supplemental Security income, Food Stamps, Medical Card or State Public Assistance). **(Provide supporting documents and complete section 3 and 4)**
 - (C)___ 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 earnings of individuals on minimum wage, or 100% of the poverty income for a family of two. (Complete section 3)

- Benefit Type 3 – I request an unemployment deferment because: (Complete section 3 & 4)**
 - (A)___ I am unemployed and receiving unemployment benefits. **(Provide supporting documents)**
 - (B)___ I am unemployed and I am not receiving unemployment benefits. **(Provide supporting documents of ineligibility)**
 - (C)___ 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. **(Provide supporting documents to prove you have registered with an agency)**

Agency Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____

Section 2 – Income and Expenses

Marital Status:	Dependents:	Relationship	Age
___ Single	Name	_____	_____
___ Married	_____	_____	_____
___ Widow (er)	_____	_____	_____
___ Divorced or Separated	_____	_____	_____

Monthly Income:

Gross Monthly Income \$ _____

Deductions \$(_____)

Net Monthly Income \$ _____

Spouse's Net Monthly Income \$ _____

Public Assistance (list type _____) \$ _____

Support Income (if separated or divorced) \$ _____

Other Income (list type _____) \$ _____

TOTAL MONTHLY INCOME \$ _____

Monthly Expenses:	Balance Outstanding	Monthly Payments
Mortgage/Rent	\$ _____	\$ _____
Car Expenses		
- Loan	\$ _____	\$ _____
- Gas, Oil, Insurance	\$ _____	\$ _____
Personal Bank Loans (list type):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

List your other educational loans and provide supporting documents. Please do not include your Perkins Loan.

Name of the Loan	Original Loan Amount	Balance Outstanding	Monthly Payments
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Credit Cards:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Medical	\$ _____
Utilities	\$ _____
Telephone	\$ _____
Insurance	\$ _____
Food	\$ _____
Child Support	\$ _____
Other Expenses:	
_____	\$ _____
_____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

NET TOTAL: (Monthly Income Minus Monthly Expenses) \$ _____

Assets

Savings Account Balance (Bank Name) _____ \$ _____

Checking Account Balance (Bank Name) _____ \$ _____

***PLEASE FURNISH CHECK STUB **PLEASE FURNISH EVIDENCE**

Section 3 – Financial Situation

Describe below your present financial situation. If needed please attach a separate sheet of paper. If you are unemployed please list at least three places where you are actively seeking full-time employment.

Section 4 – Borrower Certification

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. This account will remain in status quo until this form is approved if this form is incomplete; it will be returned to the borrower.

Signature X _____ **Date** _____

Social Security Number _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Marital Status _____ Dependents – Number _____ Age(s) _____

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

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Section 5 – Institutional Action

Disapproved _____

Approved__ Benefit Granted _____ Period of Time _____ - _____

Benefit Granted _____ Period of Time _____ - _____

Benefit Granted _____ Period of Time _____ - _____

Official _____ Date _____