



## 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.

<b>Borrower's Name/Address:</b>		<b>Mail Form to:</b>
Name:		Robert Morris College
Address:		Perkins Department, Suite 140
City:		401 S. State St.
State:	Zip Code:	Chicago, IL 60605
Email Address:		
Account Number:		

### Section 1 – Applicable Benefits

Benefits types 1 and 2: Applicable to federal Perkins, Nursing/Health profession, and selected Institutional loans.  
 Benefits types 3 and 4: Applicable to Perkins Loan.

- 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 employed and 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 a Temporary reduction of my monthly loan payment:**
  - 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 my agreement. (Complete section 2, 3 & 4)
  
- Benefit Type 3 – I request economic hardship deferment because:**
  - (A) I have been granted economic hardship for William D. Ford Federal Direct Student Loan (FDSL) or Federal Family Education Loan (FEEL) 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, or State Public Assistance). (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 and 5)
  
- Benefit Type 4 – I request an unemployment deferment because:**
  - (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.

Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

NOTE: IF YOU HAVE ANY QUESTIONS ABOUT THE TERMS OF YOUR FEDERAL PERKINS LOAN, REYPAYMENT OBLIGATIONS, DEFERMENTS OR CANCELLATION, PLEASE CALL THE PERKINS LOAN DEPARTMENT AT 312-935-4075. 1

**Section 2 – Income and Expenses**

<b>Marital Status:</b>	<b>Dependents:</b>	<b>Relationship</b>	<b>Age</b>
___ Single	_____	_____	_____
___ 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 _____)	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

<b>Monthly Expenses:</b>	<b>Balance Outstanding</b>	<b>Monthly Payments</b>
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:	
_____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_