

Hardship Deferment/Forbearance Request Form

Name of Borrower (Last, First, Middle) – please print or type	School code L9
Address of Borrower (Number, Street, City, and Zip Code)	Account Number
	Daytime Phone

I am requesting temporary deferment or forbearance of the payments on my student loan. I certify that I am eligible for deferment/forbearance for the reason(s) listed below for the period of:

From: _____ To: _____ **(requested period must not exceed 12 months)**

(Complete all sections that apply and provide required documentation)

<input type="checkbox"/> I am seeking, but unable to find full-time employment. . Enclosed are the required copies of my last two payroll or unemployment checks and certification of unemployment (see form on reverse side)

<input type="checkbox"/> I am seeking, but unable to find full-time employment. <i>Enclosed is my complete financial statement and at least one of the following:</i> . Verification that my request for economic hardship deferment has been approved on a Stafford, SLS, or Plus Loan, from my lender or the U.S. Department of Education (if applicable) . Documentation showing that I am receiving payment under a federal or state public assistance program. . Verification that I am working full-time and earning a total gross monthly income that does not exceed the greater of minimum wage or an amount equal to 100% of the poverty line for a family of two, currently set at: \$12,490.00

<input type="checkbox"/> My payments on Perkins, NDSL, Stafford, SLS or Plus loans are more than 20% of my gross monthly income. . Enclosed are the required copies of my recent payroll checks showing my monthly gross income. . Also enclosed is the required listing of all student loan payment obligations.
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<input type="checkbox"/> I request hardship deferment due to extraordinary circumstances. (Check one and explain in detail) Temporary Total Disability ____, Incarcerated ____, Other _____ . Enclosed is the required documentation of certification requested by University of Wisconsin Stevens Point for verification. Explain: _____ <p style="text-align: center;"><i>Attach additional sheet if necessary</i></p>

I understand that deferment or forbearance may be granted for periods of up to 12 months, not to exceed a 3 year maximum. If my request is approved for Hardship or Forbearance I understand that interest may continue to accrue: I prefer to pay accrued interest:
(Select one): Monthly while in Deferment ____ At the end of the deferment ____

Borrower Signature: _____ **Date:** _____

For Institutional Use Only Date _____ Deferment Approved For: Type _____ From _____ To _____ By: _____
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Title IV (Perkins, NDSL, Stafford, SLS, Plus) Loans in Repayment

Lender	Account Number	Balance	Monthly Payment

Unemployment Certification

1. Certify that I am currently unemployed or am not employed full-time (that is, working more than 29 hours per week in a job expected to last three months) and am actively seeking full-time employment.
 2. In order to verify that I am actively seeking employment. I have registered or will register with an employment agency and have this form certified by that agency.
 3. I affirm that I have read this entire form carefully and fully understand its contents. I affirm all statements made on this form are true and correct. I understand that UWSP has the right to verify the authenticity of my unemployment and make any necessary inquiry in connection with the review of information concerning my ability to repay.
- Borrower Signature _____ Date _____

Employment Agency Certification
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I certify that the above named individual has been duly registered with this employment agency since _____

Name of Agency:	Area Code/Telephone Number
Agency Address:	
Signature of Employment Service Representative:	Date:

**UNIVERSITY OF WISCONSIN STEVENS POINT L9
 RETURN COMPLETED FORM TO OUR BILLING SERVICE:
 ECSI, 181 MONTOUR RUN ROAD, CORAPOLIS, PA 15108**

Financial Statement

Marital Status:

- Single
 Married
 Widow(er)
 Divorced or Separated

Dependents:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Payment
Mortgage/Rent	\$ _____	\$ _____
Car Expenses	\$ _____	\$ _____
-Loan	\$ _____	\$ _____
-Gas, oil, insurance	\$ _____	\$ _____
Personal Bank Loans (list type)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Credit Cards:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Insurance (Life, Health, Home)	\$ _____	\$ _____
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) _____	\$ _____

Borrower Signature _____

Date _____

Rev 10/06

*PLEASE FURNISH CHECK STUB**PLEASE FURNISH EVIDENCE*
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