

**FORBEARANCE / UNEMPLOYMENT / ECONOMIC HARDSHIP
DEFERMENT REQUEST – FEDERAL PERKINS LOAN**

Please return to: Ball State University, c/o ECSI, 181 Montour Run Road, Coraopolis, PA, 15108.
INTERNET: <https://www.ecsi.net/bwr/contacts.html>
VOICE: 1.888.549.ECSI (3274) FAX: 1.866.291.5384

PERSONAL INFORMATION (Do NOT leave any lines blank in this section)

Name _____ SSN Last 4 XXX-XX- _____
or BSID _____
Home Address _____ Date of Birth _____
City/State/Zip _____
Telephone Numbers (Day) _____ (Evening) _____
Cellular Phone/Beeper _____
E-Mail Address _____
Employer _____
Employer Address _____ Phone _____
City/State/Zip _____
Date Employed _____ Department _____ Hrs./Week _____
How Paid: Weekly _____ Bi-weekly _____ Monthly _____ Semi-monthly _____
My total monthly gross income from all sources is \$ _____

**All proof required must be attached and must support the requested from and to dates.
Sign and date the CERTIFICATION, AUTHORIZATION, AND RELEASE section.
Incomplete requests will be denied.**

UNEMPLOYMENT DEFERMENT REQUEST (Indicate choice(s) with an X or a ✓)

*You may request up to 12 months at a time. Maximum amount allowed is 36 months over the life of the loan.
You must be (and/or have been) registered with an employment agency. The agency must certify this fact below.*

I am unable to repay my Federal Perkins Loan according to my repayment schedule.

I request **Unemployment deferment** from _____ to _____. (*Deferment of principal and interest*)

- I am (*and/or have been and/or expect to be*) unemployed (*or employed less than 30 hours per week - proof of hours worked required*) and actively seeking full-time employment for the above period. I will immediately notify the Office of Account Services or ECSI of any changes in my employment or financial status. I further understand the unemployment deferment will terminate immediately upon my securing full-time employment.

AGENCY CERTIFICATION

- monster.com users: attach a copy of your My Monster Overview and Apply History (18 month) screens.*
 Other on-line agency users: attach a copy of screens similar to the above mentioned screens.
 Not an on-line agency user: Agency must complete the following and affix agency's seal/stamp.
 Agency has no seal/stamp: Employee signed below must sign a sheet of agency's letterhead paper and attach.

I, _____, hereby certify that _____ has been registered with the below named employment agency from _____ to _____.

Employee Signature _____
Agency Name _____ Telephone number _____
Address _____
City _____ State _____ ZIP _____

ECONOMIC HARDSHIP DEFERMENT REQUEST *(Indicate choice(s) with an X or a ✓)*

You may request up to 12 months at a time. Maximum amount allowed is 36 months over the life of the loan.

I am unable to repay my Federal Perkins Loan according to my repayment schedule.

I request **Economic Hardship** deferment from _____ to _____. *(Deferment of principal and interest)*

I am attaching the documents (copies OK) necessary to prove that I qualify for the reason(s) indicated below:

- 1. I have been granted Economic Hardship deferment on another federal student loan. **Proof suggested - grant letter(s)**
- 2. I or my family receive(s) state or federal public assistance. **Proof suggested - award letter(s)**
For choices 3, 4, & 5 below you must be employed full time (expect to be employed at least 30 hours per week for at least 3 months). Proof required - pay stubs and loan statements
- 3. My monthly gross income from employment is less than or equal to my family's poverty line amount below.
- 4. My monthly gross income is less than or equal to 200% of my family's poverty line amount below and my gross income minus my monthly student loan payments is less than or equal to my family's poverty line amount.
- 5. My monthly student loan payments are greater than or equal to 20% of my gross income and my gross income minus monthly student loan payments is less than or equal to 220% of my family's poverty line amount below.
- 6. I am volunteering in the Peace Corps. **Proof suggested - Peace Corps certification**

2009 Monthly Poverty Line Amount			
Family Size	48 States and DC	Alaska	Hawaii
1	\$1,354.00	\$1,691.00	\$1,558.00
2	\$1,821.00	\$2,276.00	\$2,095.00
3	\$2,289.00	\$2,861.00	\$2,633.00
4	\$2,756.00	\$3,446.00	\$3,170.00
5	\$3,224.00	\$4,031.00	\$3,708.00
6	\$3,691.00	\$4,616.00	\$4,245.00
7	\$4,159.00	\$5,201.00	\$4,783.00
8	\$4,626.00	\$5,786.00	\$5,320.00
add for each extra person over 8	\$468.00	\$585.00	\$538.00

FORBEARANCE REQUEST *(Indicate choice(s) with an X or a ✓)*

You may request up to 12 months at a time. Maximum amount allowed is 36 months over the life of the loan.

I am unable to repay my Federal Perkins Loan according to my repayment schedule.

I request **Forbearance** from _____ to _____ because: *(Deferment of principal only)*

- My title IV SFA loan payments are equal to or greater than 20% of my total monthly income *(Must attach proof)*.
- I am unable to make scheduled payments due to 'Poor Health' *(Temporarily totally disabled - Must attach proof)*.
- Caring for a **dependent** who is disabled *(Must attach proof)*.
- Other acceptable reason: _____

Interest continues to accrue during forbearance.

I choose to:

- Pay the interest monthly, plus any late charges or collection costs due *(Recommended to avoid lump sum at end)*.
- Pay the interest that becomes due in one lump sum at the end of the forbearance period.
- Make reduced payments of \$_____ per month.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that the information above is true and correct. I hereby authorize any person, including financial institutions, insurance companies, creditors, caseworkers, employment counselors, credit counselors, landlords, employers and credit reporting agencies with any knowledge or records of my personal finances, either at the present time or in the future, to provide such information to Ball State University, its representatives, or ECSI (its authorized agent). I forever release such persons, Ball State University, its representatives, and ECSI (its authorized agent), from any and all liability arising there from.

Borrower's Signature _____

Date _____

FOR ECSI USE ONLY

Student Loan No.'s NDSL #'s _____

DF PS Code _____ From _____ To _____

Request Returned for Completion on _____

DF PS Code _____ From _____ To _____

Request Denied, Borrowed Notified on _____

DF PS Code _____ From _____ To _____

COMMENTS _____

DF PS Code _____ From _____ To _____

By _____

Date _____