

The Commonwealth of Massachusetts Deferment Request Form (Client Code: 4F)

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name:	Social Security #:	Account Number(s):
Street Address:	Birthdate:	
City:	State:	Zip Code:
PLEASE CHECK THIS BOX IF NEW ADDRESS		
Home Phone #:	Work Phone #:	Driver's License # and State:
College/University Attended:	Last Date of Attendance:	E-mail Address:

DEFERMENT

BEGINNING (mm/dd/yy):	ENDING (mm/dd/yy):
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Altered dates will not be accepted

Please check appropriate program below:

- Massachusetts No Interest Loan
- Commonwealth Futures Grant
- Aspiring Teachers Waiver
- Tomorrow's Teachers Scholarship

Deferment Type (must be completed annually to continue postponement of payment)

A borrower will not be granted more than a total of 36 months of any combination of deferments, excluding in-school deferment.

- In school deferment (must be enrolled at least half time). Must be submitted each semester.
- Military, Peace Corps, ACTION program, VISTA service deferment (must serve minimum of 1 year). Must show documentation.
- Volunteer in a non-profit organization (must be full time). Must show documentation.
- Temporary total disability of borrower, spouse or dependent. Must show documentation.
- Hardship deferment. Provide verification of income.
- Unemployment deferment (must be unable to secure full time employment; provide verification of unemployment; letter of termination, letter from employment agency)

THIS FORM IS INVALID WITHOUT: BORROWER'S SIGNATURE, ACCOUNT NUMBER, BEGINNING AND ENDING DATES, AND COMPLETE CERTIFICATION. I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO NOTIFY THE LENDING INSTITUTION IMMEDIATELY UPON TERMINATION OF MY CLAIMED STATUS.

X

Borrower's Signature

Date

PART II – TO BE COMPLETED BY CERTIFYING OFFICIAL OR REGISTRAR (NOTARY PUBLIC CERTIFICATION NOT ACCEPTABLE)

I certify that the information stated above is correct.

X

Signature of Authorizing Official

Title

Date

OPEID#

Name and Address of Authorizing Organization

STATUS:

- Full-time
- At least half-time
- Less than half-time

Deferment
Dates: (MM/DD/YY)

FROM: _____

TO: _____

Official Stamp
or Seal

If no stamp or seal is
available, please provide
letterhead certification.

PHONE NUMBER:()

**RETURN FORM TO: Massachusetts Department of Higher Education (AC4F)
c/o Heartland ECSI
P.O. Box 1278, Wexford, PA 15090**

PART III – FOR OFFICE USE ONLY

Approved Disapproved Reason: _____

Inst & Dash #	Def Type	Dates of Def	Int Rev	NPD	Past Due Amt	Period Due	Pre-Canc/Def End Date

PROCESSED BY: _____

TITLE: _____

DATE: _____