FINANCIAL ARRANGEMENT FORM

<table>
<thead>
<tr>
<th>Name of Borrower:</th>
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<table>
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<tr>
<th>Account Number:</th>
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Dear Borrower,

This letter is in reference to your Perkins and/or Nursing Student Loan(s) through the University of Wisconsin Oshkosh.

We acknowledge your financial situation and your willingness to make alternative payment arrangements.

Since you are unable to remit the amount required to bring your account(s) current, you must apply for an alternative arrangement. If you have previously applied for a benefit, you must apply for a renewal of your agreement.

This form is provided for your convenience and must be returned directly to UW Oshkosh for approval. Do not return this form to ECSI, the billing service for UW Oshkosh. This will only delay a response to your request.

Complete Parts I, II, and III. Be as thorough as possible. Provide ALL information and include supporting documentation as requested. The type of benefit granted depends on the information you provide. We will notify you of our decision regarding your request for an alternative arrangement.

ECSI will bill you according to the agreement that is established. Statements sent during the agreement may reflect a revised payment due, interest paid, and principal balance. This will help you monitor the status of your account(s).

Please note that if payments are not received by the fifteenth (15th) of each month, you will receive past due notices that reflect all past due amounts based on your original payment schedule. When making payments, please include the top portion of the statement and write your account number on your check. Your loans will continue to be reported to the National Credit Bureau(s) in their appropriate status.

Remember, if granted, all arrangements are temporary. They may be considered invalid if you do not follow the requirements made by the lending institution. Billing would resume at the regular scheduled amount, including any applicable past due.

Sincerely,

UW Oshkosh Student Loan Office
### PART I – MUST BE COMPLETED BY BORROWER

**FINANCIAL STATEMENT**

1. **Marital Status:** (check one)
   - ___ Single
   - ___ Widow(er)
   - ___ Married
   - ___ Divorced or Separated

2. **Dependents**
   - Name
   - Relationship
   - Age

3. **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**

4. **Monthly Expenses:**
   - Mortgage/Rent
   - Car Expenses
     - Loan
     - Gas, Oil, Insurance
   - Bank Loans (list type):
     - __________________________
     - __________________________
     - __________________________
   - Educational Debt (Provide Supporting Documentation)
     - Original Loan amount: __________________________
   - Other Outstanding Loans
   - Credit Cards:
     - __________________________
     - __________________________
     - __________________________
   - Medical
   - Utilities
   - Telephone
   - Insurance (Life, Health, Home)
   - Food
   - Monthly Support Payments (if separated or divorced)
   - Other Expenses:
     - __________________________
     - __________________________

   **TOTAL MONTHLY EXPENSES**

5. **NET Total** (Monthly Income Minus Total Monthly Expenses)

6. **Assets:**
   - Savings Account Balance (Bank Name ___________)
   - Checking Account Balance (Bank Name ___________)

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**Note:** The table structure and content are provided as-is, and any calculations or logical dependencies are not manually inferred or corrected.
PART II – MUST BE COMPLETED BY BORROWER

4. **Employment Information:** Provide information for current or most recent employer

   Employer Name: ____________________________________________________________

   Employer Address: __________________________________________________________

   ___________________________ __________________________
   City                     State                 Zip

   Employer Phone: (________)________________

   Number of Hours Worked per Week:_________ Hourly Rate: $________ Date Last Worked:_________

   Check all that apply:

   □ I am employed and experiencing financial difficulty *(See financial statement on previous page)*

   □ I am seeking and unable to secure full-time employment

   □ I have registered with an employment agency *(Provide registration documentation)*

   □ I am receiving unemployment benefits *(Provide official documentation of this benefit)*

   □ I am not eligible to receive unemployment benefits *(Provide supporting documentation of ineligibility)*

   □ I have never been employed

5. **Other Situations** *(Check all that apply)*:

   □ I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan
     (Indicate dates of hardship period: __________________________) *Attach official documentation of this benefit*

   □ I am receiving payment under federal or state public assistance (AFDC, SSI, Food Stamps, State-sponsored
     General Assistance, etc.) *Attach supporting documentation*

6. **Describe below the circumstances of your present financial situation**

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

7. **If you feel you can make reduced monthly payments toward your account(s), complete this section**

   Based on my financial situation, I can make monthly payments in the amount of $_________.

   If this agreement is approved, I will make payment of this amount each month as a condition of this agreement.

   If payment is not received between the first and the fifteenth of each month, I will receive past due notices which
   reflect all past due amounts based on my original repayment schedule. If payment is not made, I understand that this
   agreement may be terminated by the lending institution.

8. **Forbearance Options:**

   □ I am able to pay the interest due each month throughout any forbearance benefit granted. Please bill me.

   □ I am unable to pay the interest due throughout any forbearance benefit granted. I will pay all of the accrued
     interest in a lump sum due after my forbearance has ended.
PART III – MUST BE COMPLETED BY BORROWER

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>NAME OF BORROWER</th>
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<table>
<thead>
<tr>
<th>PERMANENT STREET ADDRESS</th>
<th>□ CHECK IF NEW ADDRESS</th>
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<table>
<thead>
<tr>
<th>CITY, STATE, ZIP</th>
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<table>
<thead>
<tr>
<th>HOME PHONE NUMBER</th>
<th>WORK PHONE NUMBER</th>
</tr>
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<tbody>
<tr>
<td>(_____<strong>)</strong>_______</td>
<td>(_____<strong>)</strong>_______</td>
</tr>
<tr>
<td>Area Code</td>
<td>Area Code</td>
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FEDERAL PERKINS/NURSING STUDENT LOAN INFORMATION

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER(S)</th>
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DATE LEFT LENDING INSTITUTION (UW OSHKOSH)

STATEMENT OF CONSENT

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.

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 pertinent information from applicable parties for verification purposes.

BORROWER SIGNATURE (REQUIRED)  
DATE

If you would like to send form electronically, please note that your signature must be handwritten.

All arrangements must be approved by the Lending Institution only. Please forward completed form to:

UW Oshkosh Student Loans  
232 Dempsey Hall  
800 Algoma Boulevard  
Oshkosh, WI  54901

Please do not hesitate to call our Student Loan Office at (920) 424-1336 if you have any questions.

The Lending Institution will notify you if your form has been approved.

FOR OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>Economic Hardship Deferment (36 month max. benefit)</th>
<th>Forbearance (36 month max. benefit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates: ________ to ________</td>
<td>Dates: ________ to ________</td>
</tr>
<tr>
<td>□ Forbearance (36 month max. benefit)</td>
<td>Type: □ H (H: Interest billed throughout forbearance)</td>
</tr>
<tr>
<td>□ Unemployment Deferment (36 month max. benefit)</td>
<td>□ B (B: Interest billed lump sum at end of forbearance)</td>
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<td>Dates: ________ to ________</td>
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<tr>
<th>Monthly Payment Arrangement</th>
</tr>
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<tbody>
<tr>
<td>□ Auto Dates: ________ to ________</td>
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<tr>
<td>□ Full-Term</td>
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<th>□ Form Disapproved</th>
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Signature of Lending Institution Official________ Title________ Date______