

Request for Cancellation for Federal Perkins Loan Head Start Staff Member, Pre-K or Child Care Program Staff

SECTION 1: BORROWER IDENTIFICATION

Last Name: First Name: MI:

Student ID number or last 4 digits of Social Security number:

Current mailing address:

City: State: Zip:

Phone number: () -

Email address:

Lender/school name:

School code:

SECTION 2: INSTRUCTIONS

A deferment/cancellation may be available if you are employed full-time as:

- * A staff member in the educational part of a preschool program under Head Start.
- * A staff member in a pre-K or childcare program licensed or regulated by the state.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position which you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is "loan forgiveness." Following a year of service in one of the roles listed above, a portion of your Perkins loan balance may be cancelled. Cancellation rates are as follows:

1st year of service:	15%
2nd year of service:	15%
3rd year of service:	15%
4th year of service:	15%
5th year of service:	15%
6th year of service:	15%
7th year of service:	10%

For qualifying Head Start, Pre-K, or Child Care Program cancellations, a deferment should be requested prior to the first year of service. After that, request a cancellation and deferment each year on the anniversary of your original deferment.

SECTION 3: APPLICANT STATEMENT

I am/was employed full-time as:

A staff member in the educational part of a preschool program under Head Start.

A staff member in the education part of a pre-K or childcare program licensed or regulated by the state.

Start date of employment: / / . Are you still employed? Yes No

If no, end date of employment / / . * Employment dates must equal one year

I am requesting:

Deferment from / / to / / as I anticipate completing one full year of service.

Cancellation from / / to / / as I have completed one full year of service.

SECTION 4: EMPLOYER CERTIFICATION

This section must be completed by your employer.

Employer/Company Name:

Name of Authorized Official:

Telephone Number: () -

Title of Authorized Official:

Address:

City:

State:

Zip:

Authorized Official Signature:

Date: / /

**PLACE OFFICIAL SEAL OR STAMP HERE
(NOTARY SEAL NOT ACCEPTABLE)**

* If an employer does not have an official stamp or seal, please attach a typed and signed letterhead certification by the employer verifying full-time employment, hire date, and job description.

SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my deferment/cancellation eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued deferment/cancellation status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this deferment/cancellation end; (4) I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature: _____

Date: / /

SECTION 6: ADDITIONAL INFORMATION

Please forward completed form and requested supporting documents to:

Heartland ECSI
P.O. Box 1278
Wexford, PA 15090

Phone: 888-549-3274
<https://www.heartland.ecsi.net>

Before sending your application, verify that:

The form is filled out completely. All sections are required.

An official stamp or seal is on the form. If no stamp or seal is available, a typed and signed letterhead certification by the employer verifying full-time employment, hire date of employment, and job description must be submitted.

An employer-certified job duties description is included.

A copy of one of the following:

- Proof that the Pre-K program is a State-funded program that serves children from birth through age six and addresses the children's cognitive, social, emotional and physical development; or
- Proof that the Child Care program is licensed or regulated by the State and provides child care services for fewer than 24 hours per day per child, unless care in excess of 24 consecutive hours is needed due to the nature of the parents' work.

Applications are typically processed within 10 business days. You will be notified of the status of your deferment/cancellation via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a deferment/cancellation has been posted.