

Request for Forbearance/Hardship/Unemployment Deferment

FHSU Student Fiscal Services-SH108
600 Park Street
Hays, KS 67601

Phone: 785-628-5922
FAX: 785-628-4074

SECTION I: BORROWER INFORMATION

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.

Borrower's Name: _____ Social Security #: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-Mail Address: _____

SECTION 2: APPLICABLE BENEFITS

Benefit types 1, 2 and 3: Applicable to Federal Perkins Student Loans.

Benefit type 1 – I request forbearance on my Federal Perkins Student loans because (Select one from A-C & check 1 or 2 on D):

- (A) _____ My Title IV SFA loan payments are equal to or greater than 20% of my total monthly income. (Complete section 3 and 4)
(B) _____ I am unable to make scheduled payments due to 'Poor Health' (temporarily-totally disabled). (Complete section 3 and 5)
(C) _____ Other: Please attach detailed explanation for the reason for request, steps you are taking to improve your financial situation, and other circumstances that may determine a decision of granting forbearance (Complete section 3 and 4) (Complete section 5 if applicable.)
(D) Interest continues to accrue during this benefit type. For interest payment (1) _____ bill me monthly (2) _____ bill me at the end of my benefit. **(We recommend paying interest monthly to avoid a lump sum payment at the end of this benefit type or forbearance.)**

Benefit type 2 – I request economic hardship deferment because:

- (A) _____ I have been granted economic hardship for William D. Ford Federal Direct Student Loan (FDSL) or Federal Family Education Loan (FEEL) for the current period of time. **(Satisfactory documentation required)** (Complete section 3)
(B) _____ I am receiving payment under Federal or State Public Assistance. (AFDC, Supplemental Security income, Food Stamps or State Public Assistance). **(Satisfactory documentation required)** (Complete section 3 and 4)
(C) _____ My Title IV SFA loan payments are equal to or greater than 20% of my total monthly income, and my monthly gross income minus my Title IV loan payments is less than 220% of the earnings of individuals on minimum wage, or 100% of the poverty income for a family of two. (Complete section 3 and 4)

Benefit type 3 – I request an unemployment deferment for the period of _____ month(s).

- (A) _____ I am eligible for unemployment benefits and I have **attached documentation** of my eligibility for those benefits. The documentation includes my name, address, social security number, and the effective dates of my eligibility to receive unemployment benefits. (Complete section 3 and 4)
(B) _____ I am diligently seeking but unable to find full-time employment, and I have registered with a public or private employment agency and I have **attached documentation** of this. (Complete section 3 and 4)

SECTION 3: BORROWER CERTIFICATION

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 contact any party necessary to verify the information provided as it relates to this debt. Final responsibility for completion and return of this form to the institution rests with the borrower. This account will remain in status quo until this form is approved. If this form is incomplete, it will be returned to the borrower.

Signature: _____ SS#: _____ Date: _____
Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Please list the name, address, and phone number of someone who will know your whereabouts:

Name: _____
Address: _____
Day Phone: _____ Evening Phone: _____ Cell Phone: _____

INSTITUTION ACTION

APPROVED:	NAME OF OFFICIAL:	DATE:
DISAPPROVED:		

SECTION 4: INCOME & EXPENSE SUMMARY

REMINDER: Requests for deferment or forbearance submitted without the required documentation will be denied.

Marital Status: _____ **Single** _____ **Married** _____ **Widow(er)** _____ **Separated/Divorced**

Number of Dependents:

Relationship: _____ Age: _____ Relationship: _____ Age: _____
 Relationship: _____ Age: _____ Relationship: _____ Age: _____

Monthly Income from ALL Sources: (Attach a copy of your most recent pay receipt and your most recent income tax return)

Gross Monthly Salary/Wages _____ Spouse's Monthly Salary/Wages _____
 Child Support _____ Alimony/Support _____
 Unemployment _____ Public Assistance _____
 Social Security/Veteran _____ Stocks, Bonds, & Investments _____
 Workmen Comp _____ Other: _____

Total Monthly Income: _____

Bank Account Balances:

Checking _____ Savings _____ Other _____

Monthly Expenses: (Attach documents to support expense entries. If your other student loans are on forbearance or economic hardship, you must provide proof of their deferment status.)

() Rent () Mortgage _____ Telephone _____ Cellular Phone/Pager _____ Utilities _____ Car Payments _____ Auto Insurance _____ Auto: Gas & Oil _____ Medical Expenses _____ Medical Insurance _____ Other: _____	Child Care _____ Food/Groceries _____ Cable/Satellite TV _____ Clothing/Dry Cleaning _____ Credit Cards(_____) _____ Credit Cards(_____) _____ Credit Cards(_____) _____ Student Loans (_____) _____ Student Loans (_____) _____ Bank Loans (_____) _____
---	--

Total Monthly Expenses: _____

This information is being requested to determine your eligibility for deferment or forbearance. It will remain confidential; however, the FHSU Perkins Loan department reserves the right to use this information if collection efforts become necessary. A credit bureau report may be ordered to verify the information provided.

Date: _____ Signature: _____

SECTION 5: STATEMENT OF DISABILITY (COMPLETED BY PHYSICIAN)

Patient's Name: _____ Subjective Symptoms: _____
 Relationship to Borrower: _____ Objective Symptoms: _____
 Date when symptoms first appeared: _____ Diagnosis: _____
 Date accident occurred: _____ **If needed please attach a separate sheet of paper**

TREATMENT

First visit date: _____ Last visit date: _____ Frequency of visits (Weekly, Monthly, Other) _____

PROGRESS

Present conditions: Recovered _____ Unchanged _____ Improved _____ Retrogressed _____
 Is patient: Ambulatory _____ Bed Confined _____ House Confined _____ Hospital Confined _____

EXTENT OF DISABILITY

	Any Occupation		Regular Occupation	
	YES _____	NO _____	YES _____	NO _____
Is patient 'NOW' totally disabled for	YES _____	NO _____	YES _____	NO _____
If no, when is or was the patient able to go to work	MM/DD/YYYY _____		MM/DD/YYYY _____	
Will patient be able to resume any work	MM/DD/YYYY _____		MM/DD/YYYY _____	
Indefinite	YES _____	NO _____	YES _____	NO _____
Never	YES _____	NO _____	YES _____	NO _____
If yes, is patient a suitable candidate for rehabilitation	YES _____	NO _____		

Physician Name: _____ Physician License Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____ Date: _____
 Attending Physician's Signature: _____