

**ARKANSAS STATE UNIVERSITY  
FEDERAL PERKINS STUDENT LOAN PROGRAM**

Request for Deferment due to Unemployment/Economic Hardship/Forbearance

I request a Deferment/Forbearance on my Federal Perkins/Direct Student Loan. 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 Arkansas State University.

Name _____ <small>(Last) (First) (Mid/Maiden)</small>	Social Security No _____
Address _____ _____	Date of Birth _____
Telephone Number ( ) _____	Driver's License Number _____
Marital Status _____ Dependents _____ <small>(No) (Ages)</small>	State License Issued _____
	Employer Name _____
	Employer Phone # _____
	Employer Address _____ _____

Complete both sides of this form. Be sure to sign and date your request before returning it to Arkansas State University Loan Office.

**REASON FOR REQUEST**

**UNEMPLOYMENT DEFERMENT**

To apply for this deferment, you MUST BE/HAVE BEEN searching for but unable to find full-time employment (at least three consecutive months at 30 hours a week). Also, you MUST ATTACH proof of your job search (copy of registration with employment office or a list of at least three places you have approached for employment within the past three months will suffice; list must include name of firm, address, phone number, and contact person).

Date continuous unemployment began (MMDDYY) \_\_\_\_\_

**ECONOMIC HARDSHIP DEFERMENT**

\_\_\_\_\_ I have been granted economic hardship for Federal Direct Student Loan or Federal Family Education Loan for the concurrent period of time. (Attach supporting documentation)

\_\_\_\_\_ I am receiving payment under federal or state public assistance. (AFDC, Supplemental Security Income, Food Stamps, or State General Public Assistance. Attach documentation.)

\_\_\_\_\_ Debt to income ratio based on the following:

Income (Attach supporting documentation: check stub or employer statement)

Federal Education Debt (Attach supporting documentation of all educational debt: total loan, monthly payments and repayment period)

For extension of benefit, you must attach a copy of your Federal Income Tax return.

**FORBEARANCE** (maximum 3 years; defers principal, interest billed during or at end of deferment)

I will  pay interest during or  pay interest after forbearance.

Detailed Explanation Necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected date for resumption of normal loan payments: \_\_\_\_\_  
(Month) (Year)

# FINANCIAL DATA

## MONTHLY INCOME

Gross monthly income \$ \_\_\_\_\_  
 Net monthly income \$ \_\_\_\_\_  
 Spouse/Significant other's income \$ \_\_\_\_\_  
 Unemployment/Workers Comp \$ \_\_\_\_\_  
 Public Assistance/Food Stamps \$ \_\_\_\_\_  
 Alimony/Child Support \$ \_\_\_\_\_  
 Family/Church Assistance \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
**TOTAL INCOME** \$ \_\_\_\_\_

## MONTHLY EXPENSES

Rent/Own (please circle) \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 Auto Payment/Insurance \$ \_\_\_\_\_  
 Student Loans (detail below\*) \$ \_\_\_\_\_  
 Credit Cards (detail below\*) \$ \_\_\_\_\_  
 Other Expenses (detail below\*) \$ \_\_\_\_\_  
**TOTAL EXPENSES** \$ \_\_\_\_\_

### \*STUDENT LOANS (if more, attach additional page)

Institution	Balanced Owed	Last Payment Date	Monthly Payment
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

### \*CREDIT CARDS (if more, attach additional page)

Creditor	Balanced Owed	Last Payment Date	Monthly Payment
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

### \*OTHER EXPENSES (if more, attach additional page)

Creditor	Balanced Owed	Last Payment Date	Monthly Payment
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

## ADDITIONAL INFORMATION

Savings Account \_\_\_\_\_ \$ \_\_\_\_\_  
Bank/Acct No Balance

Checking Account \_\_\_\_\_ \$ \_\_\_\_\_  
Bank/Acct No Balance

Vehicle \_\_\_\_\_  
Make Year License Plate No State

I certify that all statements made to support my request for forbearance, unemployment, or economic hardship are true and correct. I also certify that I will immediately notify your office of any change in my employment status or significant change in my financial picture. I also understand that I will be required to pay the interest which will accrue during the deferment period.

\_\_\_\_\_  
 Signature Date

All arrangements must be approved by Arkansas State University. Please forward completed form and attachments to: Arkansas State University  
 Loan Department  
 PO Box 1680  
 State University, AR 72467-2100

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### TO BE COMPLETED BY LENDING INSTITUTION

Unemployment Deferment      Economic Hardship Deferment      Forbearance

Dates: \_\_\_\_\_ to \_\_\_\_\_      Dates: \_\_\_\_\_ to \_\_\_\_\_      Dates: \_\_\_\_\_ to \_\_\_\_\_

Analyst \_\_\_\_\_      Date Processed \_\_\_\_\_