

**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 _____
_____	Driver's License Number _____
_____	State License Issued _____
Telephone Number () _____	Employer Name _____
Marital Status _____ Dependents _____ <small>(No) (Ages)</small>	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 _____