

Application for Hardship/ Unemployment Deferment

(You must fill out both pages of this form)

Name:	Account Number(s):
Address:	
Social Security Number:	
Phones:(home)	Email:
(cell)	
(work)	

I request deferment on my student loan(s) payment, beginning _____ and ending _____. I meet the qualification(s) I have checked below, and I have attached the required documentation. I understand that the maximum benefit is three years, which will be granted to me in periods of not more than six months at a time. **Read this entire form before you fill it out.** If you do not qualify for these benefits, please send a request for forbearance.

1. **Prolonged illness**, starting _____ and ending _____. Attach an explanation of how your health affects your ability to pay this loan(s). **Provide physician statement of diagnoses with this form.**

2. **Unemployed** since _____. Provide documentation such as **proof that you are collecting unemployment benefits** AND, if you are still unemployed that you are actively seeking employment; **or**

Working part time and unable to find full-time employment (full time = 30 hours per week). I have not worked full time since _____. **To receive deferment of payments under this provision, provide one of the following information:**

A. I registered with the following public or private employment agency (does not include school placement offices or temporary employment agencies)

Name of Agency:	Address:
Contact Person:	
Telephone:	

B. I have not registered with an employment agency (Attach explanation)
In the last six months, I have attempted to secure employment. Attach a list of firms where you have applied including the firm's name, address, and the name and phone number of a person to contact for verification.

3. I have been granted an Economic hardship/ Unemployment deferment on my other federal loan(s) for the period starting _____ and ending _____; and I request this same deferment, for the same period of time on my Perkins loan. **I have attached proof of the deferment I have received on my other federal loan.**

4. I receive payment under the federal or state public assistance program such as Aid to families with dependant children, Supplemental Security Income, Food stamps, or state general public assistance. **I have attached proof that I am receiving these benefits.**

5. I work full time (30 or more hours per week), and my total monthly gross income (TMGI) does not exceed the federal minimum wage, or 150% of the poverty line applicable to my family size. My TMGI (the **gross** amount you receive from employment and other sources before taxes and deductions) is: \$ _____ (**Attach a copy of last tax return or most recent pay stub**)

I agree that the above information is true and accurate. I authorize UCSC to verify any and all information contained within this application.

Signature: _____ **Date:** _____

Return application to:
UCSC Student Business Services
1156 High Street #203 Hahn
Santa Cruz CA 95064

INCOME & EXPENSES SUMMARY

The following information is requested to determine your eligibility for hardship/unemployment deferment, forbearance, or a revision of your repayment schedule. The information you provide will remain confidential, however, we reserve the right to use this information if collection efforts become necessary. We also reserve the right to use a credit report to verify the information you provide.

Name: _____
 Address: _____
 Telephone: _____ (home)
 _____ (work)
 _____ (cell)

Account Number(s): _____
 Date of Birth: _____
 Social Security Number: _____

1. Marital Status:

- Single
- Married
- Widow(er)
- Separated/Divorced

2. Number of Dependents: _____

Relationship: _____ Age: _____

3. Monthly Income from ALL Sources*:

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

4. Checking Account Balance: \$ _____

5. Savings Account Balance: \$ _____

6. Monthly Expenses:

Rent/Mortgage: \$ _____
 Utilities: \$ _____
 Child Care: \$ _____
 Car Payments: \$ _____
 Other Vehicle(s) \$ _____
 Public Transportation: \$ _____
 Insurance: \$ _____
 Telephone: \$ _____
 Cellular Phone/Pager: \$ _____
 Food: \$ _____
 Credit Card(s) \$ _____
 Other Charge Accounts: \$ _____
 Medical: \$ _____
 Cable/Satellite TV: \$ _____
 Entertainment: \$ _____
 Clothing: \$ _____
 Dry Cleaning: \$ _____
 Cleaning/Yard Service: \$ _____
 Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
Total Monthly Expenses: \$ _____

*Attach a copy of your most recent income tax return AND documentation to substantiate all income and expense entries. inc & exp sum (2-07)