

REQUEST FOR DEFERMENT FORM

FEDERAL PERKINS STUDENT LOAN PROGRAM

Minnesota State Colleges & Universities, Student Loan Service Center
30 E 7th St, Wells Fargo Place, Suite 350, St Paul, MN 55101-7804
Tel: 651-917-4700 Fax: 651-917-4711

Email: loans@csu.mnscu.edu Website: www.slsc.mnscu.edu

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.

NAME: _____ ACCT NO: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CELL PHONE: (_____) _____ HOME PHONE: (_____) _____

NAME OF EMPLOYER: _____ WORK PHONE: (_____) _____

MAJOR IN SCHOOL _____

STATUS: Single Married Widow(er) Separated or Divorced SPOUSE NAME _____

of Dependents: _____ Age(s) : _____

YOUR PARENT/S NAME _____ Phone No: (_____) _____

Address of Parent: _____

I am financially unable to repay my Federal Perkins Student Loan according to my repayment schedule for the following reason(s):

I AM APPLYING FOR THE FOLLOWING DEFERMENT FOR THE PERIOD:

Beginning Date of Deferment: _____ **to Ending Date of Deferment:** _____

Please check:

UNEMPLOYMENT Interest does not accrue. You must be seeking and unable to find full-time employment. Please complete:

- My unemployment began on _____
- I have received the maximum allowable unemployment benefits
- I did not work long enough to be eligible for unemployment benefits
- I am receiving unemployment benefits of \$_____ per week
- I am working part time at _____ hours per week since _____
- I am registered with an employment agency

FEDERAL FORBEARANCE, interest continues to accrue. Borrowers who are experiencing financial hardship, poor health or other acceptable reasons:

- Deferment of Principal – Bill me monthly for the interest that becomes due, plus past due late charges. I will remit monthly the amount of interest that becomes due.
- Deferment of Principal and Interest – Add the interest that becomes due during my forbearance period to my first bill after the end of my forbearance period.
- Reduce my monthly payment from \$_____ to \$_____ for _____ months (# of months).

ECONOMIC HARDSHIP Interest does not accrue. Please check all that apply:

- 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. (Temporary Assistance to Needy Families, 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, employer statement or tax return for most recent year)
Federal Education Debt (Attach supporting documentation of all educational debt: total loan, monthly payments and repayment period)

I have read and completed BOTH sides of this form and certify that all information given is true and correct. I have also enclosed the required documentation. I will notify your office of any change in my employment or significant change in my financial situation.

SIGNATURE:

DATE:

TO BE COMPLETED BY STUDENT LOAN SERVICE CENTER			
APPROVED CODE	FROM	TO	INT DUES
DISAPPROVED	SIGNATURE:	DATE	LATE FEE \$

PLEASE LIST TWO ADDITIONAL REFERENCES:

1. FIRST NAME _____ LAST NAME _____ RELATIONSHIP _____
 STREET ADDRESS _____ CITY, STATE, ZIP _____
 HOME TELEPHONE _____ WORK TELEPHONE _____
2. FIRST NAME _____ LAST NAME _____ RELATIONSHIP _____
 STREET ADDRESS _____ CITY, STATE, ZIP _____
 HOME TELEPHONE _____ WORK TELEPHONE _____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER NAME : _____

ADDRESS: _____

OF HOURS PER WEEK _____ SALARY \$ _____
 EMPLOYMENT DATE: FROM _____ TO _____

PREVIOUS EMPLOYER NAME : _____

ADDRESS: _____

OF HOURS PER WEEK _____ SALARY \$ _____
 EMPLOYMENT DATE: FROM _____ TO _____

SPOUSE- PRESENT EMPLOYER: _____

ADDRESS: _____

OF HOURS PER WEEK _____ SALARY \$ _____
 EMPLOYMENT DATE: FROM _____ TO _____

FINANCIAL INFORMATION:

Income – Monthly		Monthly Expenses	
Gross monthly income	\$ _____	Rent /Own (please circle)	\$ _____
Net monthly income	\$ _____	Utilities	\$ _____
Savings	\$ _____	Food	\$ _____
Spouse/Significant Other Income	\$ _____	Transportation (bus, gas)	\$ _____
Other Income	\$ _____	Auto Payment/Insurance	\$ _____
Public assistance	\$ _____	Student Loans (detail below)	\$ _____
Alimony/Child Support	\$ _____	Credit Cards (detail below)	\$ _____
Net Salary (Spouse)	\$ _____	Other Expenses (detail below)	\$ _____
		Telephone	\$ _____
		Child Care	\$ _____
		TOTAL MONTHLY LIVING EXPENSES	\$ _____
TOTAL MONTHLY INCOME	\$ _____		

PERSONAL DEBTS:

(Include other student loans by you and your spouse, car loans, credit card accounts, personal and bank loans, etc. not listed above). If additional space is required, attach a separate sheet.

CREDITOR	DEBT TYPE	BALANCE	MONTHLY PAYMENT
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
		TOTAL MONTHLY DEBTS:	\$ _____