

WSU ID# _____

FINANCIAL HARDSHIP DEFERMENT REQUEST
FEDERAL PERKINS /NATIONAL DIRECT STUDENT LOANS

I request a deferment on my Federal Perkins/National Direct Student Loan(s). I understand that all information and supporting documents given may be disclosed outside this institution for the purpose of verifying my financial status. This information will be used in conjunction with a commercial credit report to evaluate my financial status and ability to repay my student loan(s); and also to determine whether a request for waiver, compromise or other relief should be granted. Disclosure is voluntary. However, if this information is not furnished, decision as to further collection or disposition action will be made on the basis of the available evidence on record. I understand that if granted, this reduction of scheduled payments may be granted at intervals of up to 12 months for periods that collectively do not exceed three (3) years. **I further understand that interest continues to accrue during this period, for a forbearance.**

SECTION I – PERSONAL DATA

Name _____	Social Security Number _____
Present Address _____	Date of Birth _____
City _____ State _____ Zip _____	Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married
Telephone: (Home) _____ (Work) _____	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
Spouse's Full Name _____	Other Dependents: Name/Relationship Age
Spouse's Soc. Sec. No. _____ Date of Birth _____	_____
Spouses Address _____	_____
City _____ State _____ Zip _____	_____

SECTION II – EMPLOYMENT

Date Continuous Unemployment Began _____	Name & Address of Employer (list last employer if unemployed)
Check and complete one of the items below:	Employer _____
<input type="checkbox"/> I have never been employed.	Address _____
<input type="checkbox"/> I have received the maximum allowable unemployment benefits,	City _____ State _____ Zip _____
<input type="checkbox"/> I did not work long enough to be eligible for unemployment benefits	Telephone (_____) _____
<input type="checkbox"/> I am receiving weekly unemployment benefits of \$ _____	

SECTION III – INCOME

AVERAGE MONTHLY INCOME	SELF	SPOUSE
Monthly Gross Salary (before payroll deductions) - Please enclose copies of most recent payroll earning statements.	\$ _____	_____
Total Deductions (income taxes, social security, retirement, insurance, etc.)	\$ _____	_____
Net Take Home Pay (Subtract deductions from gross salary)	\$ _____	_____
Other Income (specify) _____	\$ _____	_____
TOTAL MONTHLY NET INCOME	\$ _____	_____

SECTION IV – EXPENSES AND CREDITORS

AVERAGE MONTHLY INCOME	CREDITORS
Rent or Mortgage (circle one) \$ _____	List creditors you are required to pay in regular installments, such as auto loan, credit cards, finance companies, doctor bills, hospital bills, etc. DO NOT INCLUDE LIVING EXPENSES.
Utilities (include gas, electric, water, (telephone, cable TV, HBO, etc.) \$ _____	
Food \$ _____	
Clothing \$ _____	
Transportation (gas and repairs) \$ _____	
Other (Specify) _____ \$ _____	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
TOTAL MONTHLY EXPENSES \$ _____	TOTAL EXPENSES TO CREDITORS \$ _____

NOTE: Please include monthly payment amounts for any and all postsecondary educational loans that you may have, even if they are currently in a deferred status. If you have been approved for an Economic Hardship Deferment on any postsecondary educational loan(s), please include supporting documentation indicating you have been granted an Economic Hardship Deferment.

SECTION V – FINANCIAL STATUS

Savings Account Balance	\$ _____	Total Monthly Income (use totals in Section III include spouse's income)	\$ _____
Name of Bank	_____	Total Monthly Expenses & Creditors (include totals in Section IV)	\$ _____
Account Number	_____	Balance (subtract expenses from income)	\$ _____
Checking Account Balance	\$ _____	How much of the balance can you apply to your student loan(s) on a monthly basis?	\$ _____
Name of Bank	_____	If your total monthly expenses exceed your total monthly net income, how do you plan to pay the difference?	
Account Number	_____		
Cash on Hand:	\$ _____		
Available Cash (add savings & checking account balance plus cash on hand)	\$ _____		

SECTION VI – GENERAL INFORMATION

Since your termination of student status at Washington State University on _____, have you been:

- (a) Employed as a full-time teacher in a public or other non-profit elementary or secondary school? Yes No
If yes, please list name of school(s) and academic year(s) of teaching service. _____
- (b) Enrolled at Washington State University or another institution of higher education? Yes No
If yes, please list name of institution and dates if attendance. _____
- (c) A member of the Peace Corps, Vista, Armed Forces or a volunteer in a tax-exempt organization? Yes No
If yes, please list the branch and dates of service. _____
- (d) Serving a required internship preceding professional practice? Yes No
If yes, list profession dates and place of employment. _____
- (e) Do you have any Federal Perkins/National Direct Student Loans outstanding at another institution? Yes No
If yes, please give name of institution _____

Amount of Loan	\$ _____	Are you making regular payments on this loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Balance of Loan	\$ _____	Amount Paid	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

SECTION VII – REMARKS

Please respond to each of the following. (attach additional sheets if necessary)

1. Why are you unable to maintain the required payment schedule of \$ _____ per (circle one) month/quarter?
2. How do you propose to bring your loan(s) up-to-date?
3. When will Washington State University receive payment?
4. Please use this space to convey any pertinent information or extraordinary circumstances that you feel would have a bearing on your request for a reduction of scheduled payments.

SECTION VIII - CERTIFICATION

I CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO CERTIFY THAT I WILL IMMEDIATELY NOTIFY THE STUDENT LOAN OFFICE OF ANY CHANGE IN MY EMPLOYMENT OR SIGNIFICANT CHANGE IN MY FINANCIAL STATUS.

Signature of Borrower _____ Date _____

Please return this completed form to:

**Washington State University
 University Receivables - Student Loans
 342 French Administration Building
 PO Box 641039
 Pullman WA 99164-1039**