

REQUEST FOR HARDSHIP DEFERMENT

Name: _____ SS#: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employment Information: Are you currently employed? YES ___ Employer: _____ Date Employment began _____
Position/Title: _____ Hours worked per week: _____

NO ___ Previous Employer: _____ Monthly salary: _____

Are you receiving unemployment? No ___ Yes ___ Date unemployment began: _____

Attach copies of : Registration with employment agency, Rejection letters from prospective employers, or Proof of unemployment benefits

PLEASE READ CAREFULLY AND SIGN BELOW:

I understand that all information and supporting documents will be held in confidence and will not be subject to dissemination outside the requirements of Union College.

I understand that interest continues to accrue during the hardship period.

I understand that all information included with this request is true and correct, and I authorize UNION COLLEGE to make whatever inquiries if deems necessary in connection with the review of information concerning my ability to repay.

I understand that my request for hardship deferment will NOT be considered without complete documentation of information provided on this form.

I HEREBY REQUEST A HARDSHIP DEFERMENT ON MY STUDENT LOAN, I CERTIFY THAT I UNDERSTAND AND AGREE TO ALL THE TERMS AND CONDITIONS THAT APPLY TO THIS DEFERMENT REQUEST.

Signature: _____ SS#: _____ Date: _____

INCOME AND EXPENSE INFORMATION: All information provided must be documented fully with photocopies of income and expenses.

INCOME INFORMATION

MONTHLY FIGURES

BANK ACCOUNTS:

Monthly employment income \$ _____
Monthly unemployment benefits \$ _____
Monthly public assistance \$ _____
If separated or divorced, monthly support \$ _____
Other income sources: _____ \$ _____

Name of Bank: _____
Address: _____
Current Checking Account Balance: _____
Account Number: _____
Current Savings Account Balance: _____
Account Number: _____

EXPENSE INFORMATION:

Housing: (rent _____ or mortgage _____) \$ _____
Utilities \$ _____
Telephone \$ _____
Transportation: (auto payment) \$ _____
Auto Information: Model _____ Make _____ Year _____ Balance _____
Lien Holder (where financed) _____

Other: (gas, train, bus, etc.) \$ _____
Household Expenses: Food \$ _____
Clothing \$ _____
Medical \$ _____
Dental \$ _____
Auto Insurance \$ _____
Home Insurance \$ _____
Life Insurance \$ _____
Health Insurance \$ _____

LIST SEPARATELY: LOANS AND CREDIT CARDS

CREDITOR	BALANCE
_____	_____
_____	_____
_____	_____
_____	_____

MONTHLY LOAN PAYMENTS

_____	_____
_____	_____
_____	_____
_____	_____

OTHER OUTSTANDING LIABILITIES NOT LISTED ABOVE:
(ex: car repair, essential major purchases, one-time expense, etc.)

TOTAL MONTHLY EXPENSES: _____

You are also encouraged to attach a separate sheet to convey any circumstances that you feel would have a bearing on your request for hardship deferment not covered on this form. Attach all available forms of documentation of your expenses and income.