



REQUEST FOR UNION COLLEGE LOAN ECONOMIC HARDSHIP DEFERMENT

NAME SS# PHONE

ADDRESS CITY STATE ZIP

ARE YOU EMPLOYED? NAME OF EMPLOYER POSITION/TITLE

ARE YOU RECEIVING UNEMPLOYMENT BENEFITS? DATE BENEFITS BEGAN

MONTHLY INCOME: \$

MONTHLY EXPENSES:

RENT/HOUSING \$

UTILITIES \$

TELEPHONE \$

TRANSPORTATION \$

INSURANCE \$

FOOD \$

LOANS \$

TOTAL MONTHLY EXPENSES: \$

TOTAL MONTHLY CASH AVAILABLE \$

Please attached any documents and/or make comments that you feel would have a bearing on your request for this hardship deferment.

COMMENTS:

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that once/if approved, this deferment replaces my monthly payments for six months and has an additional six months of post grace period. Interest does not accrue on the account during the deferment.

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

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

I understand that my request will not be considered without complete documentat provided on this form.

I HEREBY REQUEST A HARDHIP 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 DATE