

FEDERAL PERKINS LOAN
 REQUEST FOR HARDSHIP DEFERMENT

Name _____
 (Last) (First) (M.I.) (Maiden Name)

Address _____ Phone (____) _____
 (City) (State) (Zip Code) S.S. # _____

I request a hardship deferment on my Federal Perkins Student Loan. I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of Youngstown State University. I also understand that, if granted, this hardship deferment is for no more than a one-year period. I understand that interest continues to accrue during hardship deferment. **PLEASE complete all of the following questions, marking "NA" where question is not applicable, so that full consideration may be given to your request. Attach copies of supporting documentation (e.g. paystubs, unemployment compensation determination, deferment of other student loans, etc.)**

1. Date of Birth _____

2. Status: Married Widow(er)
 Single Divorced or Separated

3. Dependents living in your household:

Relationship	Age
_____	_____
_____	_____
_____	_____

4. Employed (yes no)

5. If employed, then:
 Name of Employer _____
 Address _____
 Position _____
 Monthly Gross Income \$ _____
 Date of employment _____

6. If unemployed, check and complete one of the items below:
 I have never been employed
 I have received the maximum allowable unemployment benefits.
 I did not work long enough to be eligible for unemployment benefits.
 I am receiving weekly unemployment benefits of \$ _____

7. I am receiving monthly public assistance in the amount of
 \$ _____ cash \$ _____ food stamps

8. Total other income \$ _____ (itemize on back of form)
 (e.g. SS disability, SSI, pension, etc.)

9. Spouse's gross monthly income is \$ _____

10. If separated or divorced, monthly child support and/or alimony income is \$ _____

11. If single and living with parents, parents' combined net monthly income is \$ _____

12. My monthly expenses are:

Rent or Mortgage (cross out one)	\$ _____
Food	\$ _____
Car	\$ _____
Insurances	\$ _____
Utilities	\$ _____
Student Loan Payments (FDSL or FFEL)	\$ _____
Recreational Expenses	\$ _____
Other (must itemize on back)	\$ _____
Total Monthly Expenses	\$ _____

I have other outstanding liabilities totalling \$ _____ not listed above. (Please itemize these on back of this form and indicate your minimum monthly payments for each.)

13. Illness or disability. (Please explain on back of form and provide physician's verification..)

Please use the back of this form to convey any circumstances that you feel would have a bearing on your request for hardship deferment not covered above. If your monthly expenses exceed your monthly income, you must provide an explanation of how these expenses are being met.

I certify that all statements made above are true and correct. I also certify that I will immediately notify your office of any change in my employment status or significant change in my financial picture.

 Signature Date

INCOMPLETE FORMS WILL BE RETURNED AS DENIED.