

Phone: 512-475-7779, opt. 3

THE UNIVERSITY OF TEXAS AT AUSTIN
PERKINS COLLECTION SERVICES
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AUSTIN, TEXAS 78713-8917

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REQUEST FOR FINANCIAL HARDSHIP DEFERMENT

Name: _____ * UT EID OR SSN: _____ Birth Date: _____

Please read all of the following information carefully:

There are different types of hardship deferments. Federal regulations issued by the Dept. of Education govern which type of hardship you may qualify for and in some cases; you may qualify for more than one type of hardship deferment. Our office will let you know what you are eligible for when your application is processed.

- Can be used for reasons such as financial hardship, unemployment or prolonged illness.
- If you are temporarily unable to work due to illness, you must complete a separate form. Call our office.
- If you are experiencing financial hardship, you must supply verification of income and expenses.
- If you have lost your job, you must provide evidence of a continuing job search in addition to verification of income and expenses.
- If you have been approved for hardship with other lenders, you must provide approval verification.
- If approved for Forbearance, interest will continue to accrue each month and will be due on the first of each month.
- I understand that when I return to a regular billing status, my monthly payment may increase.

BORROWER CERTIFICATION:

I have read and understand the provisions listed above. The information provided in this application is accurate and complete, to the best of my knowledge and belief. I understand that The University may obtain a credit report to verify the information contained in this application. I authorize any creditor listed in this application to release information necessary to verify my application. This information will be held in complete confidence in accordance with the Higher Education Act of 1965, as amended.

I understand that if granted forbearance I am expected to pay interest monthly. Any unpaid interest at the end of the forbearance period will cause my account to be reported to the credit bureau as a default and will affect my credit history.

SIGNATURE: _____ DATE: _____

ALL ITEMS MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED!

* UT EID or SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Apt # _____

Phone: (day) (____) _____ (night) (____) _____ Cell: (____) _____

Driver's Lic: _____ State Issued: _____ Email Address: _____

Nearest relative: _____ Relationship to applicant: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Apt # _____

Phone: (day) (____) _____ (night) (____) _____ Cell: (____) _____

Please state your reasons for a hardship request:

HARDSHIP REQUEST DATES: _____

From _____ To _____

Time period can be up to 1 year at a time.
You must reapply each year.

EMPLOYMENT INFORMATION:

Present / Previous Employer: _____ Job Title: _____ Hours worked weekly: _____
 Phone #: () _____ City: _____ State: _____
 If unemployed, date unemployment began: _____ Actively seeking employment? [] yes [] no
 Reason for unemployment: _____ Registered with an employment agency? [] yes [] no

 You must provide verification for the following:

MONTHLY INCOME:

Net Salary: \$ _____
 Alimony/Child support: \$ _____
 Unemployment Income: \$ _____
 Spouse's Income: \$ _____
 Other Income: \$ _____

MONTHLY EXPENSES:

Rent / Mortgage: \$ _____
 Utilities: \$ _____
 Insurance (All): \$ _____
 Personal: \$ _____
 Transportation: \$ _____
 Entertainment: \$ _____

TOTAL INCOME: \$ _____ TOTAL EXPENSES: \$ _____

Please list ALL loans, credit cards, installment payments and ALL student Loans from other institutions:

Creditor	Phone #	Date Opened:	Balance	Monthly Pmt	Type of Debt
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Please give any special circumstances that might have a bearing on this request:

 Office Use Only:

Approved: _____ Disapproved: _____ Why? _____

Period: From: _____ To: _____

LOAN #	BEG GRACE	AMT. BOR	BALANCE	MIN BILL	SAME/INC

* If you do not know your UT EID, disclosure of your Social Security number (SSN) is requested from you in order for The University of Texas at Austin to process this form. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN, however, may result in a delay in processing. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.