

UNIVERSITY OF LOUISVILLE
OFFICE OF THE BURSAR
LOANS
LOUISVILLE, KY 40292
FAX (502) 852-7032

Steve Stratton
Manager
Student Receivables
(502) 852-6507

KRISTINE WALTERS
Repayment Specialist
(502) 852-2687

Financial Arrangement Form
FEDERAL PERKINS STUDENT LOANS

PART I To be completed by borrower.
Check each statement applicable under the benefit type you wish to apply for and attach the supporting documentation indicated.

BENEFIT TYPE: ECONOMIC HARDSHIP Applicable to Federal Perkins Program only.

Maximum 3 years: Defers Principal and Interest.

- I have been granted economic hardship for FDSL or FFEL for the concurrent period of time. (Attach official documentation)
- I am receiving payment under federal or state public assistance (AFDC, Supplemental Security Income, Food Stamps or State General Public Assistance. Attach supporting documentation.)
- Debt to income ratio based on the following:
 - Income (Attach check stub or employer statement)
 - Federal Education Loan Debt (Attach documentation of all education debt including total loan and monthly payments.)
- I wish to apply for an extension of benefits. (Attach copy of last Federal Income Tax return.)

BENEFIT TYPE: UNEMPLOYMENT Applicable to Federal Perkins Program only.

Maximum 3 years: Defers Principal and Interest.

Date unemployment or part-time employment began _____ Ended _____

- I am seeking and unable to secure full-time employment.
- I have have not registered with an employment agency.

If yes,

_____ () _____
Name of Agency Telephone Number

- I am receiving unemployment benefits.
- I am not eligible to receive unemployment benefits.
- I have never been employed.
- I have attached other supporting documentation.

BENEFIT TYPE: FORBEARANCE

Maximum 3 years: Defers Principal only. Interest is billed during the forbearance period.

- Debt to income ratio based on the following:
 - Income (Attach check stub or employer statement)
 - Federal Education Loan Debt (Attach documentation of all education debt including total loan and monthly payments)
- For circumstances due to my present financial status

BENEFIT TYPE: SATISFACTORY ARRANGEMENT TO REPAY THE LOAN (TEMPORARY)

Unlimited Years: Does not defer monies. (Monthly payments are arranged.)

Based on my financial situation, I can make monthly payments in the amount of \$ _____. If approved, I agree to make payment of this amount each month as a condition of this agreement, and that if payment is not made, my agreement may be terminated by the lending institution.

Financial Statement

1. Marital Status (check one)

- Married Single
- Divorced or Separated
- Widow

2. Dependants (As claimed on Federal Income Tax return)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Monthly Income:

Gross Monthly Income:

Spouse's gross Monthly Income	\$ _____
Monthly Public Assistance (type) _____	\$ _____
Monthly Support Income (if divorced or separated)	\$ _____
Other income (type) _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

4. Monthly Expenses:

	Balance Outstanding	Monthly Payments
Mortgage/ Rent	\$ _____	\$ _____
Car Expenses - Loan	\$ _____	\$ _____
Gas, Oil, Insurance	\$ _____	\$ _____
Bank Loans (list type)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Credit Cards (list type)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Insurance (Life, Health, Home)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Monthly Support Payments (if divorced or separated)	\$ _____	\$ _____
Recreation / Cable TV	\$ _____	\$ _____
Other Student Loans (list type)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

OFFICE USE ONLY

- Economic Hardship Deferment
Dates: _____
 - Unemployment Deferment
Dates: _____
 - Interest Only
Dates: _____
 - Satisfactory Repayment Arrangements

 - Form Dissapproved
Reason: _____
 - APPROVED
- Signature _____
- Title _____
- Date _____

Name of Borrower _____ Social Security Number _____

Home Address _____

Home Telephone Number (_____) _____ Work Telephone Number (_____) _____

Work Address _____

Why is your account Delinquent at this time?

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 the lending institution. I further understand that this arrangement will consist of reduced or deferred payment as determined by the lending institution based on my financial situation. It may be necessary to make accelerated payments at the expiration of the arrangement to repay the loan within the maximum ten year period.

I certify that all statements made are true and correct. I also certify that I will immediately notify the lending institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the lending institution to obtain from my applicable parties pertinent information in order to verify this application.

Signature _____

Date _____