

Request for Hardship Deferment

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

Daytime Phone # _____

I request a hardship deferment on my National Defense/Direct 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 Appalachian State University. I also understand that if granted, this hardship deferment is for no more than 12 months duration. I understand that interest continues to accrue during hardship deferment.

1. Social Security No. _____

2. Date of Birth _____

3. Date continuous unemployment began _____
Mo./Yr.

4. **Status:**
 ___ Single ___ Widow(er)
 ___ Married ___ Separated or Divorced

5. Check and complete one of the items listed below:

6. **Dependents:**

___ I have never been employed

Relationship	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

___ 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 \$ _____

8. My monthly expenses are:

9. My savings account balance is \$ _____

Rent or Mortgage \$ _____
(Circle one)

10. My checking account balance is \$ _____

Utilities \$ _____

11. My spouse's net monthly income \$ _____

Food \$ _____

12. If single and living with parents, parents combined net monthly income \$ _____

Car \$ _____

Other \$ _____

Total \$ _____

13. If separated or divorced, monthly support income \$ _____

I have other outstanding liabilities totaling \$ _____ not listed above. (Please itemize these on the back of this form)

14. I am a widow(er) and am receiving \$ _____ a month from my spouse's estate, social security, veterans benefits, etc.

15. Total other income \$ _____
 (Itemize on back of form)

Please use the back of this form in conveying any circumstances that you feel would have a bearing on your request for hardship deferment.

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