

NORTH DAKOTA UNIVERSITY SYSTEM

STUDENT LOAN SERVICE CENTER

Dept 3180 ♦ P.O. Box 6050 ♦ Fargo, ND 58108-6050 ♦ Local 701/231-9545 ♦ Toll Free 1-800-698-7397 ♦ FAX 701-231-9551
Web: <http://www.slscndus.com> E-mail: ndus.slsc@ndus.nodak.edu

APPLICATION FOR: **HARDSHIP DEFERMENT or FORBEARANCE**

NAME _____ ACCOUNT # or SOCIAL SECURITY# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

() _____ () _____ () _____

HOME TELEPHONE # _____ WORK TELEPHONE # _____ CELL PHONE # _____

HOME E-MAIL ADDRESS _____ WORK E-MAIL ADDRESS _____

To be eligible for a hardship deferment you must fall under one of the categories listed below and before this request will be taken into consideration you must include the documentation requested.

Please check one:

_____ **I have been ill for an extended period of time.** (Include a doctor's verification if you are/or have been ill and unable to work due to illness or injury for any length of time.)

_____ **I am temporarily disabled.** (Include a Temporary Disability application signed by your doctor.)

_____ **I am unemployed.** (Include verification from a Job Service representative or Employment Agency indicating you have been actively seeking employment.)

_____ **I am incarcerated.** (Include a sentence computation worksheet)

_____ **I am working at a subsistence salary.** (Include a copy of your most recent pay stub and a copy of the past year's income tax return.)

Or check here _____ if you were not required to file income taxes last year.

_____ **I am enrolled less than half time, working toward a degree.** (Include verification of your enrollment)

_____ **Other** _____
(be specific & include documentation)

Include a completed financial statement with all requests (**Documentation must be attached for items marked with an asterisk * on the Financial Statement.**)

DEFERMENT/FORBEARANCE PERIOD REQUESTED: _____ to _____
(12 month maximum) month day year month day year

I understand that if I do not qualify for the Economic Hardship Deferment a Forbearance can be processed and I must pay the interest that will accrue during the forbearance period.

During Forbearance I prefer to make interest payments: _____ Monthly _____ Quarterly
_____ Semi-Annually _____ At the end of the forbearance period

SIGNATURE OF BORROWER

DATE

NORTH DAKOTA UNIVERSITY SYSTEM

STUDENT LOAN SERVICE CENTER

Dept 3180 ♦ P.O. Box 6050 ♦ Fargo, ND 58108-6050 ♦ Local 701/231-9545 ♦ Toll Free 1-800-698-7397 ♦ FAX 701-231-9551
 Web: <http://www.slsc.ndus.com> E-mail: ndus.slsc@ndus.nodak.edu

FINANCIAL STATEMENT

(Fill in each space. If not applicable use 'N/A')

NAME: _____ DATE: _____
 ACCOUNT # or SS#: _____

MONTHLY INCOME:

***Your Take Home Pay (include documentation) \$** _____
 Your Employer's Name/Add & Phone: _____

Spouse's Name _____
 Spouse's Take Home Pay \$ _____
 Spouse's Employer Name/Add & Phone: _____

Do you: (check one)

- Rent
 Live with parents
 Own Home
 Other (explain) _____

*Do you receive assistance from any of the following? (List Monthly Amt & include documentation)

- Unemployment \$ _____
 Social Security \$ _____
 Welfare TANF \$ _____
 Housing Assistance \$ _____
 Fuel Assistance \$ _____
 Food Stamps \$ _____
 Child Support/Alimony \$ _____
 Other (explain) \$ _____

*If you are currently in School List Financial Aid Awarded this year:

- Loans \$ _____
 Grants \$ _____
 Scholarships \$ _____
 Other _____

MARITAL STATUS:

- Single
 Married
 Number of children living with you: _____
 Ages: _____

TOTAL MONTHLY INCOME: \$ _____

STUDENT LOAN DEBTS:

***Student Loans (Must include documentation, ie: copy of bill or original repayment schedule)**

LOAN TYPE	LENDER NAME	MO.PMT. AMT.	BALANCE
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
TOTAL:		\$ _____	\$ _____

Reference Information - List Two References (other than your Parent/Guardian)

Name _____
 Address _____ City _____ State _____ Zip _____ Phone # _____
 Name _____
 Address _____ City _____ State _____ Zip _____ Phone # _____

Parent Information

Name _____ Telephone # _____
 Address (street, city, state/zip) _____