

**Emory University  
Financial Arrangement  
Request for Forbearance/Hardship**

Name	Social Security Number					
	Date of Birth					
Address	Home Phone					
	Work Phone					
Name	Relationship	Age		Name	Relationship	Age
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM.** You are also encouraged to attach a separate sheet to convey any circumstances that you feel would have a bearing on your request for **Forbearance/Hardship** deferment not covered on this form. Please attach all available forms of documentation of your expenses and income.

**PLEASE READ CAREFULLY AND SIGN BELOW.**

I understand that all information and supporting documents will be held in confidence and will not be subject to dissemination outside the requirement of Emory University.

I understand that interest continues to accrue during the **Forbearance/Hardship** deferment period.

I understand that if a **Forbearance/Hardship** deferment is granted, my monthly installment may increase.

I certify that all information included with this request is true and correct, and I authorize Emory University to make whatever inquiries it deems necessary in connection with the review of information concerning my ability to repay.

I understand that my request for **Forbearance/Hardship** will **NOT** be considered without complete documentation of the information provided on this form.

**I HEREBY REQUEST A FORBEARANCE/HARDSHIP DEFERMENT OR SPECIAL PAYMENT ARRANGEMENT ON ALL ELIGIBLE STUDENT LOANS WITH EMORY UNIVERSITY. I CERTIFY THAT I UNDERSTAND AND AGREE TO ALL THE TERMS AND CONDITIONS THAT APPLY TO THIS DEFERMENT REQUEST.**

**Benefit (Choose one) Please complete both sides of this form.**

**Benefit Type: Forbearance/Hardship**  
*Maximum 3 Years (Defers Principal, Interest Billed During, or at the End of Deferment Periods loans.*

I will \_\_\_\_\_ pay interest during or \_\_\_\_\_ pay interest after forbearance (EPL, ESP, ESU Loans must pay interest during forbearance.)

**Benefit Type: Satisfactory Arrangements to Repay the Loan and/or Temporary Payment Arrangements**

*Does Not Defer Payment (monthly payments are arranged), All loans*

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. If payment is not made, I understand that this agreement may be terminated by Emory University.

Signature	SSN	DATE
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## INCOME AND EXPENSES INFORMATION

### INCOME INFORMATION (Provide Documentation)

### MONTHLY FIGURES

Monthly employment income	\$ _____
Monthly unemployment benefits	\$ _____
Monthly public assistance	\$ _____
If separated or divorced, monthly support	\$ _____
Other income sources:	
_____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____

### BANK ACCOUNTS:

Name of Bank \_\_\_\_\_  
 Location \_\_\_\_\_  
 Current checking account balance \$ \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Current savings account balance \$ \_\_\_\_\_  
 Account number \_\_\_\_\_

### EXPENSE INFORMATION

### MONTHLY FIGURES

Housing (____rent or ____mortgage?)	\$ _____
Utilities	\$ _____
Phone	\$ _____
Transportation:	\$ _____
Auto payment	\$ _____
Other: (gas, maintenance, bus)	\$ _____
Food	\$ _____
Household Necessities	\$ _____
Clothing	\$ _____
Medical/Dental expenses	\$ _____
Insurance (car, home, life, health)	\$ _____
Loans and credit cards (list separately)	
Creditor	Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

EMPLOYMENT INFORMATION: You may be asked to provide documentation to confirm the above figures.

Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Hours per week \_\_\_\_\_ Hourly rate of pay \_\_\_\_\_ Monthly rate of pay \_\_\_\_\_

When completed, return form and documentation to:

Emory University  
 Office of the Bursar  
 Student Financial Services  
 101 Boisfeuillet Jones Center  
 Atlanta, GA 30322-1630

### For Student Financial Services Office Use:

Approved from \_\_\_\_\_ to \_\_\_\_\_ Principal amount deferred \$ \_\_\_\_\_  
 \_\_\_\_\_ Disapproved  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Authorizing Official

\_\_\_\_\_  
 Date