

FINANCIAL DATA

MONTHLY INCOME

Gross monthly income \$ _____
 Net monthly income \$ _____
 Spouse/Significant other's income \$ _____
 Unemployment/Workers Comp \$ _____
 Public Assistance/Food Stamps \$ _____
 Alimony/Child support \$ _____
 Family/Church Assistance \$ _____
 Other Income \$ _____
TOTAL INCOME \$ _____

MONTHLY EXPENSES

Rent/Own (please circle) \$ _____
 Utilities \$ _____
 Food \$ _____
 Transportation \$ _____
 Auto Payment/Insurance \$ _____
 Student Loans (detail below*) \$ _____
 Credit Cards (detail below*) \$ _____
 Other Expenses (detail below*) \$ _____
TOTAL EXPENSES \$ _____

***STUDENT LOANS** (if more, attach additional page)

<u>Institution</u>	<u>Balance Owed</u>	<u>Last Payment Date</u>	<u>Monthly Payment</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

***CREDIT CARDS** (if more, attach additional page)

<u>Creditor</u>	<u>Balance Owed</u>	<u>Last Payment Date</u>	<u>Monthly Payment</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

***OTHER EXPENSES** (if more, attach additional page)

<u>Creditor</u>	<u>Balance Owed</u>	<u>Last Payment Date</u>	<u>Monthly Payment</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

ADDITIONAL INFORMATION

Savings Account _____ \$ _____
 Bank/Acct No _____ Balance
 Checking Account _____ \$ _____
 Bank/Acct No _____ Balance
 Vehicle _____
 Make _____ Year _____ License Plate No _____ State _____

I certify that all statements made to support my request for forbearance, unemployment, or economic hardship 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. I also understand that I will be required to pay the interest which will accrue during the deferment period.

 Signature Date

Verification of Borrower's Statement - To be completed by Unemployment Department, Physician, social worker, etc.

I certify that the above statement is correct and that, to the best of my knowledge, the borrower is unable to make regular student loan payments.

Name _____ Title _____
 Agency _____ Telephone _____
 Address _____

Return all documents in the enclosed envelope