



Request for Unemployment Deferment

Please fill out completely (use additional sheet if necessary)
 Return to: USU Loan Office, 2400 Old Main Hill,
 Logan, UT 84322-2400 (435) 797-1057 FAX (435) 797-0367

PART 1: TO BE COMPLETED BY BORROWER

Name of Borrower	Social Security Number	(spouse)	N/A
Street Address (or P.O.)	Birthdate	Dependents/Relationship	AGE
City/State/Zip	Phone (inc area code)		

MONTHLY INCOME SUMMARY (Please include supporting documentation)

Gross Pay	\$	Unemployment	\$
Spouse's Gross Pay	\$	Other	\$
		Total Monthly Income	\$

MONTHLY EXPENSE SUMMARY (Please include supporting documentation)

___ Rent ___ Mortgage	\$	Utilities/Phone	\$
Groceries and Household Exp.	\$	Clothing	\$
Transportation (Gas, Parking, etc.)	\$	Entertainment	\$
Medical/Dental	\$	Child Care	\$
Insurance	\$	Alimony	\$
Miscellaneous	\$	Child Support	\$

LOAN/CREDIT CARD PAYMENTS (Please include supporting documentation)

Loan Amount	Creditor	Balance Outstanding	Monthly Payment

OTHER STUDENT LOANS

Regulations require that you provide a copy of a bill or payment coupon (or attach other documentation) from your Student Loan Servicer showing the amount of your regular monthly payment or your current deferment status for each student loan other than your USU Perkins.

Student Loan Servicer	Account Status	Date of Last Payment	Monthly Amount	Account Balance

PART 1: TO BE COMPLETED BY BORROWER (cont.)

I, _____, Social Security Number : _____, certify I am currently unemployed or employed less than 20 hours per week and actively seeking full-time employment. Due to my employment status, I wish to apply for an Unemployment Deferment for my Federal Perkins Loan at Utah State University.

I understand I am responsible for repaying principal, interest, service charges, late charges and collection costs which became due prior to this deferment being approved by Utah State University. Also, I must provide the USU Perkins Loan Office, upon request, proof of my attempts to secure full-time employment. In order to verify I am actively seeking full-time employment, I will have this form certified by an employment agency with whom I am registered.

I certify that I will immediately notify the USU Perkins Loan Office upon a change in my employment status or significant change in my financial status. Failure to seek full-time employment or to provide notification of existing employment status or report a substantial change in income to the USU Perkins Loan Office will result in Utah State University declaring indebtedness in default.

I understand if I knowingly make a false statement or misrepresentation on this form, the entire balance of the loan, principal plus interest and fees will become due and payable. Furthermore, all court costs, attorney's fees, and collection costs will be added to the balance of the loan and appropriate legal action will be taken to collect this debt in full, subject to the provisions of the Promissory Note.

I CERTIFY ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ THIS ENTIRE FORM CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND AND CONSENT TO UTAH STATE UNIVERSITY'S VERIFICATION OF THE AUTHENTICITY OF MY EMPLOYMENT STATUS.

Borrower's Signature _____ Address _____

Date _____

Borrower's OCC No. _____ (Code Number found on unemployment card) CITY _____ STATE _____ ZIP CODE _____

NOTE: Final responsibility for completion and return of this form to Utah State University rests with the borrower. No deferment is possible until this form reaches the USU Perkins Loan Office.

PART 2: TO BE COMPLETED BY THE EMPLOYMENT AGENCY

EMPLOYMENT STATUS CERTIFICATION

_____, Social Security Number : _____, has applied for an Unemployment Deferment for a Federal Perkins Loan at Utah State University due to unemployment or employment of less than 20 hours per week.

I certify the above mentioned individual has been duly registered with this employment agency since _____ and is currently seeking full-time employment.

Name of Employment Agency

Street and or PO Box

Name of Employment Service Representative (please print)

City State Zip Code

Signature of Employment Service Representative Date

Phone Number Extension

If no seal or stamp is available, please state so on business letterhead, sign and attach it to this form.

OFFICIAL SEAL OR STAMP

For office use only:

APPROVED _____ APPLIED FROM _____ TO _____

DISAPPROVED _____ REASON _____

PRINCIPAL DEFERRED _____ INTEREST DUE _____
DATE APPLIED _____

AUTHORIZED SIGNATURE _____