

INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-5703
800-822-4840
FAX 812-855-5848

Name _____
Street _____
City _____
State _____ Zip _____
SID / SSN _____

REQUEST FOR UNEMPLOYMENT DEFERMENT

Due to my unemployment, I wish to request a deferment of my monthly payments. I certify that I am actively seeking full time employment. I understand that this deferment may be granted for up to a 12-month interval and my maximum period of deferment under this provision cannot exceed 36 months. I further understand that I must immediately notify the Student Loan Administration at Indiana University upon any change in my employment status.

NOTE: To qualify for this deferment, you may be employed but working LESS than 30 hours per week; however, you must also be actively seeking full time employment.

My date of unemployment began _____

Please complete financial information sheet on Page 2 of 2

Signature of Borrower

Date

Home telephone number

For IU Use: approved disapproved by _____ date _____

Processed by _____ begin date: _____ end date: _____

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FINANCIAL STATEMENT

Name _____ Student ID _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work Phone _____ Email address: _____

Employer _____ Address _____ Phone _____

Spouse _____ Student ID _____

Why are you delinquent at this time? _____

What are your plans to bring your account current? _____

SECTION A : In order to carefully review your present financial situation, we request the completion of the monthly budget estimates shown below:

Cash on hand: _____	Buy/rent _____
Salary GROSS per month _____	Utilities _____
Spouse income _____	Food _____
Other Income _____	Insurance _____
	Clothing _____
Make & Year Auto _____	Med/Dental _____
Where Financed _____	Child Care _____
Number of dependents _____	Recreation _____
	Total above \$ _____

Name of Bank _____	Total Section B	+	\$ _____
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/>	Grand Total A & B		\$ _____

SECTION B: CREDITORS: List ALL outstanding debts; please include other student loan obligations

Name of creditor	Amount owe	Monthly Payment	Reason for loan/credit
<i>IU Student Loan</i>			<i>Education</i>

I authorize Indiana University to make inquiries in connection with the review of this information as it pertains to my ability to repay.

Signature of Borrower: _____ Date: _____

PLEASE COMPLETE ALL SECTIONS