

**PART I – MUST BE COMPLETED BY BORROWER**

\*\*\*Your account number ensures proper handling of this form\*\*\*

Borrower is responsible to advise Indiana University of current address.

NAME OF BORROWER: _____	ACCOUNT NUMBER(S): _____
ADDRESS: <input type="checkbox"/> Check if new address	STUDENT ID or LAST 4 OF SSN: _____
	NAME OF LENDING INSTITUTION: INDIANA UNIVERSITY UNIVERSITY COLLECTIONS & LOAN SERVICES 1024 EAST THIRD STREET BLOOMINGTON, IN, 47405
E-MAIL ADDRESS _____	WORK PHONE NUMBER (     ) _____
HOME PHONE NUMBER (     ) _____	CELL PHONE NUMBER (     ) _____

I understand that all information and supporting documents submitted will be held in strictest confidence and will not be subject to dissemination outside the requirements of Indiana University. I further understand that this arrangement will consist of reduced or deferred payments, as determined by Indiana University based on my financial situation. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum repayment period.

I certify that all statements made are true and correct. I also certify that I will immediately notify Indiana University of any change in my employment status or significant change in my financial situation. I authorize a representative of Indiana University to obtain pertinent information from applicable parties for verification purposes.

\_\_\_\_\_  
Borrower Signature\_\_\_\_\_  
Date**(FAILURE TO SIGN AND DATE WILL RESULT IN THE REQUEST DENIED)****SUBMIT THE COMPLETED FORM BY \_\_\_\_\_ WITH \_\_\_\_\_ TO COVER FEES AND INTEREST****PLEASE ALLOW 7 – 10 DAYS FOR PROCESSING ONCE FORM IS RECEIVED AT OUR OFFICE.****Please send completed form to:**

**INDIANA UNIVERSITY  
UNIVERSITY COLLECTIONS AND LOAN SERVICES  
1024 EAST THIRD STREET  
ROOM 122  
BLOOMINGTON, IN 47405**

**PHONE 800-458-8756****EMAIL UCLS@IU.EDU****FAX 812-855-5848**

<input type="checkbox"/> Economic Deferment Granted (DFHS) <input type="checkbox"/> Unemployment Deferment Granted (DFUN) <input type="checkbox"/> Hardship Deferment Granted, bill interest monthly (PPHD) <input type="checkbox"/> Forbearance Deferment Granted, bill interest monthly (PPFB) <input type="checkbox"/> Monthly Payment Arrangement Granted (Auto) <input type="checkbox"/> Benefit Denied <input type="checkbox"/> Letter Sent To Borrower  <b>TO BE COMPLETED BY INDIANA UNIVERSITY</b>	Dates _____ to _____ # of months _____ Grace Period Ends _____ Amount \$ _____ Form approved by: _____ Date approved: _____ Form processed by: _____ Date processed: _____  <b>TO BE COMPLETED BY INDIANA UNIVERSITY</b>
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**PART II – MUST BE COMPLETED BY BORROWER**

**4. Employment Information:** Provide information for current or most recent employer.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Date of hire: \_\_\_\_\_ Date last worked: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_

**Check all that apply – If you are unemployed or underemployed, please list 4-5 of the most recent places where you have applied (You may list them in item 6):**

- ☐ I am employed and experiencing financial difficulty.(EHS)
- ☐ Employed and working less than 30 hours and seeking full-time employment (DUN). My underemployment began on \_\_\_\_\_.
- ☐ I am/was unemployed. My unemployment began on \_\_\_\_\_ and ended on \_\_\_\_\_. (DFUN):
- ☐ I am receiving unemployment benefits. **(Provide official documentation of this benefit)**
- ☐ I am not eligible to receive unemployment benefits. **(Provide supporting documentation of ineligibility)** I
- ☐ have registered with an employment agency. **(Provide registration documentation)**

**5. Other situations. Check all that apply: (Supporting documentation may include: employer stubs, benefit verification on official letterhead, copy of Federal tax return)**

- ☐ I have been granted an **economic hardship deferment** for a Direct Loan or a FFELP/Stafford loan. (indicate dates of hardship period: \_\_\_\_\_) **Attach official documentation of this benefit.**
- ☐ I am receiving payment under federal or state public assistance. (AFDC, SDI, Food Stamps, State-sponsored General Assistance, etc.) **Attach official supporting documentation.**

**6. Please describe the circumstances of your present financial situation. (Attach a separate sheet of paper if additional space is needed)**

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7. HPSL, PCL, NSL and LDS forbearance interest is required to be paid each month. Failure to pay may result in your loan becoming delinquent and reported negatively to the credit bureaus.

**8. MONTHLY PAYMENT ARRANGEMENT:**

If you feel you can make payments toward your account(s), please contact our office.

## FINANCIAL STATEMENT

**1. Marital Status:** (check one)

\_\_\_\_\_ Single      \_\_\_\_\_ Widow(er)  
\_\_\_\_\_ Married      \_\_\_\_\_ Divorced or Separated

**2. Dependents:**

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Monthly Income:**

(Please provide written documentation supporting reported income)

Gross Monthly Income	\$ _____
Deductions	\$ ( _____ )
Net Monthly Income	\$ _____
Public Assistance and type: _____	\$ _____
Support Income (if separated or divorced)	\$ _____
Other Income and type: _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

List all outstanding student loans by name/type and Lending Institution. Provide supporting documentation for all educational loans not owed to Indiana University to which you are submitting this application. Include the original total loan amounts, outstanding loan balances and monthly payment amounts. If a loan is currently deferred, provide the monthly payment amount as if it were not in deferment.

Loan Name/Type	Lending Institution	Original Loan Amt.	Balance Outstanding	Monthly Payments
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

**Monthly Expenses:**

	Balance Outstanding	Monthly Payments
Mortgage/Rent	\$ _____	\$ _____
Car Expenses		
Loan	\$ _____	\$ _____
Gas, Oil, Insurance	\$ _____	\$ _____
Bank Loans (list type):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Outstanding Loans (personal)	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Utilities		\$ _____
Telephone		\$ _____
Insurance (Life, Health, Home)		\$ _____
Food		\$ _____
Monthly Support Payments (if separated or divorced)		\$ _____
Other Expenses:		
_____		\$ _____
_____		\$ _____
<b>TOTAL MONTHLY EXPENSES</b>		<b>\$ _____</b>
<b>NET TOTAL</b> (Monthly Income Minus Total Monthly Expense)		<b>\$ _____</b>

**Assets:**

Savings Account Balance (Bank Name) _____	\$ _____
Checking Account Balance (Bank Name) _____	\$ _____