

**Student Financial Services** 

The Pennsylvania State University Tel: 814-865-6528, option 5 108 Shields Building Fax: 814-865-6535

University Park, PA 16802 www.bursar.psu.edu

## **Economic Hardship/Unemployment Deferment**

I understand this application must be completed, signed and returned to Student Financial Services within thirty (30) days. Information that requires supporting documentation (proof) will be notated. IF THE REQUIRED DOCUMENTATION IS NOT SUBMITTED WITH THE DEFERMENT APPLICATION, THE APPLICATION WILL BE DENIED.

Borrower Information:				
Name (first, middle initial, last)		Penn State ID Number		
Current mailing address (street, apartment or P.O. Box number, city, state, ZIP code, country)		Phone (include area code)		
Current email address		Cell phone (include area code)		
Employment History:				
Are you currently employed? Yes $\square$ No $\square$ If no, please provide copy of your unemployment card or tax returns				
Hours employed per week: If you are working less than 40 hours per week, are you seeking	full-time employment? Yes	□ No □		
Are you currently receiving payment under a federal or state put with Dependent Children, Supplemental Security Income, Food (if applicable, please provide documentation).				
Have you been granted an economic hardship deferment on your	r Federal Stafford Student Loa	n? Yes No		
If yes, please provide documentation.				
Employer's Name		Phone (include area code)		
Job Description	Beginning/Ending Dates	Monthly Net Income		
<b>Personal References:</b> (Individuals who do not have the same address/telephone as you or the other reference).				
Name (first, last)		Phone (include area code)		
Address (street, apartment or PO Box number, city, state, ZIP code, country	)	-		
Name (first, last)		Phone (include area code)		
Address (street, apartment or PO Box number, city, state, ZIP code, country	)			

Dependents:				
Name (first, last)			Relationship	
Name (first, last)			Relationship	
Name (first, last)			Relationship	
Name (first, last)			Relationship	
Income: (verification required for all sources of income)				
Your <u>net</u> monthly income	Your gross monthly income	Other income	Other income (source)	
Checking account balance	Savings account balance			
Expenses:				
Rent/Mortgage	Food	Utilities	Internet	
Auto payment	Auto fuel	Auto insurance	Life insurance	
Health insurance	Cell phone	Child support	Other expenses	
Credit cards (minimum payment)	Educational loans (monthly)	Personal loans (monthly)	Other loans (monthly)	
Additional comments that will be helpful in rendering a decision:				
I understand that anyone makin	g a false statement or false repr	resentation of material fact to	avoid payment of an obligation	
under the Federal Perkins/Perki	•			
I affirm that the above stateme	nts are true and correct. I unde	erstand that a FAILURE TO	PROVIDE REQUESTED	
INCOME/EXPENSE VERIFIC	CATION WILL RESULT IN T	THE DENIAL OF MY DEFE	ERMENT REQUEST.	
Signature			Date	