

**FLORIDA ATLANTIC UNIVERSITY  
REQUEST FOR HARDSHIP DEFERMENT  
FAU LONG-TERM LOAN**

Name: \_\_\_\_\_ Z# \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Married \_\_\_\_\_ Separated or Divorced \_\_\_\_\_

Dependents:	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I request a hardship deferment from the period of \_\_\_\_\_ to \_\_\_\_\_ on my Florida Atlantic University Student Loan. I understand that all information and supporting documents (copies) submitted will be held in strictest confidence and will not be subject to dissemination outside the requirements of Florida Atlantic University. I acknowledge that the maximum benefit is three years. I also understand that, if granted, this hardship deferment is for no more than a 12 month duration. **I realize that interest continues to accrue during the hardship deferment period. The interest can either be paid in a monthly installment throughout the deferment period or in a lump sum one day prior to the end of the deferment period.**

**Please attach a letter that details your circumstances for requesting a deferment.**

Additionally, check the appropriate item listed below that describes the circumstances for the period this deferment applies and your present status:

1. \_\_\_ Prolonged illness, from \_\_\_\_\_ to \_\_\_\_\_. Please attach a statement of how the illness affects your ability to repay the loan and a detailed letter from your physician attesting to your illness.
2. \_\_\_ Unemployed from \_\_\_\_\_ to \_\_\_\_\_. Please provide proof of unemployment such as unemployment benefits.
3. \_\_\_ I have been granted a Hardship Deferment on my federal loan(s) for period beginning (month/day/year) \_\_\_\_\_ ending (month/day/year) \_\_\_\_\_, and I request this same deferment, for the same period of time, on my FAU Student Loan. Please attach proof of the granted hardship deferment on your federal loan(s).
4. \_\_\_ I work full time (30 or more hours per week), and my last year gross income does not exceed the federal poverty line for a family of two as defined by the 2004 Federal Poverty Guidelines which is \$12,490.00.

\* = ATTACH COPY OF SUPPORTING DOCUMENT

8. Please complete FINANCIAL STATEMENT below:

**MONTHLY INCOME:**

Gross Monthly Income		\$ _____
Deduction		\$ _____
Net Monthly Income		\$ _____
Spouse's Net Monthly Income	\$ _____	
Monthly Public Assistance (list type) _____	\$ _____	
Monthly Support Income (if separated or divorced)		\$ _____
Other Income (list type) _____	\$ _____	
<b>TOTAL MONTHLY INCOME</b>		<b>\$ _____</b>

**Monthly Expenses:**

	BALANCE OUTSTANDING		MONTHLY PAYMENTS
Mortgage/Rent	\$ _____	\$ _____	
Car Expenses:			
Loan	\$ _____	\$ _____	\$ _____
Gas, Oil, Insurance	\$ _____	\$ _____	\$ _____
Bank Loans (list type):	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Credit Cards:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Insurance (Life,Health,Home) \$ _____	\$ _____	\$ _____	
Food	\$ _____	\$ _____	\$ _____
Monthly Support Payment (if separated or divorced)	\$ _____	\$ _____	\$ _____
Other Expenses:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**Total Monthly Income Minus Total Monthly Expenses Equals** \$ \_\_\_\_\_  
(Funds available)

**ASSETS:**

Savings account balance (Bank Name)	\$ _____
Checking account balance (Bank Name)	\$ _____

I certify that all statements made and copies enclosed are true and correct. I am also enclosing a copy of my last Federal Tax Return. I also certify that I will immediately notify Florida Atlantic University, Controllers Office. SU 80 Rm. 227 of any change in my employment status, change of address, name or significant change in my financial picture.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
HOUSE/STREET

\_\_\_\_\_ P.O. BOX

\_\_\_\_\_ CITY STATE ZIP CODE

TELEPHONE:( \_\_\_\_\_ )  
Area Code Number

**Please return the form to:** Florida Atlantic University  
Controller's Office – SU 80, Rm 227  
777 Glades Road  
Boca Raton, FL 33431

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**DO NOT WRITE BELOW THIS LINE**

ACTION TAKEN: \_\_\_\_\_HARDSHIP DEFERMENT APPROVED:

Length of Deferment: \_\_\_\_\_ months

Deferment Period: \_\_\_\_\_ to \_\_\_\_\_

Next Payment Due: \_\_\_\_\_ of \$ \_\_\_\_\_

H/D Interest Due: \_\_\_\_\_ of \$ \_\_\_\_\_

\_\_\_\_\_HARDSHIP DEFERMENT DENIED:  
Follow-up Request and/or Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

