



OFFICE OF THE BURSAR  
 ONE JOHN MARSHALL DRIVE  
 HUNTINGTON, WV 25755  
 (304)696-2234 (800) 438-5389.

### REQUEST FOR HARDSHIP DEFERMENT

#### PERSONAL INFORMATION

Name of Borrower: _____  Home Address and Telephone Number: _____ _____ How long at this address: _____	Social Security Number: ____ - ____ - ____  Age: _____ Date of Birth: _____ Drivers License Number and State: _____ _____
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Name of Spouse: _____	Social Security Number: ____ - ____ - ____  Age: _____ Date of Birth: _____ Drivers License Number and State: _____ _____
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List All Other Dependents:

Name	Age	Relationship	\$ Support Rendered
_____	_____	_____	_____
_____	_____	_____	_____

#### MONTHLY INCOME

Borrower's Employer: _____ Address: _____ _____	Occupation: _____ Business Telephone: ( ) - _____	*Monthly Take-Home Pay: _____ How long at this job? _____
Spouse's Employer: _____ Address: _____ _____	Occupation: _____ Business Telephone: ( ) - _____	*Monthly Take-Home Pay: _____ How long at this job? _____

Other Income (specify): \_\_\_\_\_ Amount: \_\_\_\_\_  
 Other Income (specify): \_\_\_\_\_ Amount: \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

If self-employed, attach current financial statement and latest income tax return.

\*Please furnish copy of check stub for complete month.

## MONTHLY EXPENSES

Please furnish all monthly receipts

**Monthly Payment**

Property Taxes (if owner) ..... \_\_\_\_\_

Gas ..... \_\_\_\_\_

Electric ..... \_\_\_\_\_

Water ..... \_\_\_\_\_

Trash ..... \_\_\_\_\_

Telephone ..... \_\_\_\_\_

Food ..... \_\_\_\_\_

Clothing ..... \_\_\_\_\_

Other Household Expenses (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Support ..... \_\_\_\_\_

Alimony ..... \_\_\_\_\_

Transportation Expenses (bus, train, gasoline) ..... \_\_\_\_\_

If you own a vehicle, indicate the following:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License \_\_\_\_\_ Monthly Payment \_\_\_\_\_

\_\_\_\_\_

Monthly Insurance Payments (provide name of company) ..... \_\_\_\_\_

Life ..... \_\_\_\_\_

Auto ..... \_\_\_\_\_

Medical ..... \_\_\_\_\_

Dental ..... \_\_\_\_\_

List all Credit Card, Loan, Other Repayments (continue on reverse side, if necessary)

Name of Creditor	Purpose of Loan	Original \$ Amount	Balance Owing	Monthly Payment
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHLY EXPENSES ..... \_\_\_\_\_

List All Checking and Savings Accounts

Name and Branch (Checking) Present Balance

\_\_\_\_\_

Name and Branch (Savings) Present Balance

\_\_\_\_\_

\_\_\_\_\_

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Have you tried obtaining funds from any relative, lending institution or friends, to bring your loan accounts current?

(Circle one or more of above)

If your request was denied from a lending institution, please provide a copy of the denial for a loan.

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If unemployed, since what date have you not worked? \_\_\_\_\_

Are you collecting unemployment? \_\_\_\_\_

If no, do you expect to file and when? \_\_\_\_\_

Are you looking for work? \_\_\_\_\_

When do you anticipate returning to work? \_\_\_\_\_

If you do not anticipate returning to work within the next six months, explain why. \_\_\_\_\_

\_\_\_\_\_

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If temporarily/permanently or partially/totally disabled (circle that which best describes your disability), since what date have you been unable to work? \_\_\_\_\_

\_\_\_\_\_

Briefly describe the nature of your disability. \_\_\_\_\_

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## DEFERMENT INFORMATION

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1. Terms of Deferment:

- A. Upon review of the information provided in the "Request for Hardship Deferment." Marshall University may grant a deferment of the borrower's repayments for two to twelve months, but under no circumstances can the deferment extend more than twelve consecutive months.
  
- B. A deferment may not be granted if the deferment will result in a repayment period longer than ten years.
  
- C. Interest will continue to accrue during the hardship deferment period.
  
- D. Should the borrower's financial situation change such that the originally scheduled payment amount can be resumed prior to the expiration of the deferment period, or should the location of the borrower's residence or name change at any time while still obligated for debts owed to Marshall University, the borrower will immediately contact Marshall University's Student Loan Collection Office, at 304-696-2419, and notify them accordingly.

2. Borrower's Statement of Understanding:

I understand the terms of the deferment for which I am applying and, if granted, will be obliged to comply with the requirements set forth.

I affirm that the information provided in connection with this request is true and complete to the best of my knowledge and understand that Marshall University may use this information for purposes of enforcing the provisions stated in my promissory note(s).

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Signature of Borrower

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Date