Student ID# at MU:	

Deferment Request for: **ECONOMIC HARDSHIP** on University Long-term Loans (Please Type or Print)

			(Please Type or Pri	nt)				
NAME OF BORROWER:		OWER:	CURRENT ADDRESS: (street, city	, state, ZIP)				
					Name & Address of Lending Institution:			
PHONE #: (include Area Code)		,			University of Missouri Student Loan Repayment Center 14 Jesse Hall			
CELL PHONE #: (include Area Code)		(include Area Code)			Columbia, MO 65211-1020 (573) 882-6654			
EMAIL A		S: (By providing your email address,	you are giving the University permission to	discuss your loan a	web address: muloans.missouri.edu email address: muloans@missouri.edu			
			INSTRUCTIONS	<u>S</u>				
As a borrower, you must meet one of the conditions listed below in order to qualify for an ECONOMIC HARDSHIP Deferment on your University Long-term Loan (ULTL). Please read the options carefully and check off the item that best describes your situation: 1. I was granted an Economic Hardship Deferment under the William D. Ford Federal Direct Student Loan Program or the Federal Family Education Loan (FFEL) Stafford Program. Submit proof of deferment from the Ford Direct Student Loan program or the FFEL Stafford Lender, which specifically states ECONOMIC HARDSHIP deferment.								
		Hardship deferment on your	p Deferment on your ULTL loans r Ford Direct Loan or FFEL Staffor ce period but will not exceed a 12-	rd Loan follow				
□ 2.	I am receiving payment under a federal or state public assistance program, such as Temporary Assistance to Needy Families, Supplemental Security Income, or Food Stamps. <i>Submit proof of assistance</i> .							
	3. I will qualify based upon income level and federal postsecondary loan debt burden; this does not include loans in postponement, forbearance or grace period. Qualification will be determined by the lender. Submit: a) proof of monthly gross income (typically your 2 most recent paystubs); b) copy of latest federal tax return; and c) proof of monthly payment amount due on Federal student loans based on a 10-year repayment schedule.							
☐ 4.	I am c	currently unemployed an	d seeking full-time employn	nent. <i>Fill ou</i>	t the reverse "unemployment" section.			
		Date I bec	came unemployed (month/date/yea	r):				
☐ 5.	I am s				ation showing dates of service.			
			STATEMENT OF BORE	ROWER				
I request an ECONOMIC HARDSHIP Deferment on my University Long-term Loan(s). To qualify for an Economic Hardship Deferment, I must meet one of the conditions listed above. I understand that, if granted under conditions #2 and #3 above, this deferment is for 6 months at a time. If at the end of 6 months I find it necessary to request Economic Hardship again, then new and current supporting documentation must be resubmitted. I understand that, under condition #4, the deferment is for 3 months at a time. If I find it necessary to renew my request for Economic Hardship under condition #4, then new and current supporting documentation must be resubmitted. The maximum number of years I can receive an Economic Hardship Deferment is three (3) years.								
I understand that all information and supporting documents given to the Student Loan Repayment Center will be held in confidence and will not be subject to dissemination outside the requirements of the University of Missouri and ECSI (our loan servicing agent).								
I certify that the required supporting documentation I have submitted is true and correct. I also certify that I will immediately notify the Student Loan Repayment Center of any change in my employment status or significant change in my financial condition.								
(Return this signed and dated form along with the required supporting documentation to the address listed above)								
SIGNATUF	RE OF BO	ORROWER:		DA	TE:			
Start date of	f deferme	nt:	To be completed by Lending l	Institution te of deferment:				

NEMPLOYMENT DOCUMENTATION OF POTENTIAL EMPLOYERS I have contacted the below within the last month in an effort to secure employment. (Must list at least 3).							
1.	Name of Company or Business: Street Address:						
	City:	State:					
	Name or Title of Contact Person:		Phone #:				
2.	Name of Company or Business:						
	Street Address:						
	City:	State:		Zip Code:			
	Name or Title of Contact Person:		Phone #:				
3.	Name of Company or Business:						
	Street Address:						
	City:	State:		Zip Code:			
	Name or Title of Contact Person:		Phone #:				
4.	Name of Company or Business:						
	Street Address:						
	City:			Zip Code:			
	Name or Title of Contact Person:		Phone #:				
AUTHORIZATION TO CONTACT POTENTIAL EMPLOYERS							
I authorize the Student Loan Repayment Center of the University of Missouri to contact the above given potential employers for the purpose of verifying my loan(s) Unemployment Deferment status. I understand that this information will be used to support my continued eligibility for Unemployment Deferment on my University Long-term loans.							
SIC	GNATURE OF BORROWER:			DATE:			

FOR ADA ACCOMODATIONS PLEASE CALL (573) 882-6654

Revised 09/13/2013