

# Kenyon College

## Kenyon College Institutional Loan Program Request for Economic Hardship Forbearance

Name	Student ID		
Address	Check if new address		
City	State	Zip Code	Home telephone
Social Security No.	Cell phone		
Email Address			

**You do not need to complete every question – Start with question #1 and follow the directions.**

**THIS WORKSHEET MUST BE RETURNED WITH OTHER REQUIRED DOCUMENTS**

**Criteria used in determining Forbearance eligibility are based on guidelines established by the Department of Education for the Federal Student Loan Program.**

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### Question 1

Have you been granted a Deferment by another federal student loan program (e.g. Stafford, PLUS, or other Perkins Loan) for the same time period for which you are requesting this forbearance?

- Yes.** That deferment covers the time period starting \_\_\_/\_\_\_/\_\_\_\_\_. Documentation of current loan status is required.  
**\*Documentation must include start and end dates of approved deferment. Please complete Questions 7 & 12**
- No. Continue to Question 2.**

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## Question 2

Are you receiving payment under a Federal or State public assistance program, such as Temporary Assistance to Needy Families, Supplemental Security, or Food Stamps?

- Yes.** I began receiving these benefits on \_\_\_/\_\_\_/\_\_\_\_\_. **Send your most recent determination or other verification. Go directly to Question 12.**
- No. Continue to Question 3.**
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## Question 3

Are you unemployed or working less than 30 hours per week?

- I am unable to find, but actively seeking full-time employment. **Go directly to Question 11.**
- I am unable to work due to "Poor Health". **Go directly to Question 10.**
- No. Continue to Question 4.**
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## Question 4

Are you working full-time and earning a total monthly gross income that does not exceed **\$1256.67** per month, which is equal to someone earning minimum wage?

*As of July 24, 2009 Federal current minimum wage is \$7.25 \*The currently hourly minimum wage is available at [www.dol.gov/dol/topic/wages/minimumwage.htm](http://www.dol.gov/dol/topic/wages/minimumwage.htm).*

My Monthly Gross income is: \$ \_\_\_\_\_

- Yes.** I have been earning minimum wage or less since \_\_\_/\_\_\_/\_\_\_\_\_. **Send your last two (2) pay stubs and evidence of any other income. If this is not your first request for economic hardship, include a copy of your most recent Federal Income Tax Return. Go directly to Question 12.**
- No. Continue to Question 5.**
- 

To complete the rest of this worksheet you will need information on your \*monthly gross income from employment and other sources. You may also need information on your Federal Education Loans.

*\*Monthly Gross Income is your income before taxes or other deductions, not including spouse's income.*

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## Question 5

Are you working full-time and earning a total monthly gross income that does not exceed 150% of the 2015 poverty line?

My Monthly Gross income is: \$ \_\_\_\_\_

- |                                  |               |          |          |     |            |
|----------------------------------|---------------|----------|----------|-----|------------|
| a. Family of one                 |               |          |          |     | \$ 980.83  |
| b. Number of Dependents (if any) | \$ _____      | x        | \$346.67 | =   | \$ _____   |
| c. Total of 5a + 5b              |               |          |          | =   | \$ _____   |
| d. 150% of the poverty line      | Total from 5c | \$ _____ | x        | 1.5 | = \$ _____ |

## Residents of Alaska

- |                                  |               |          |          |     |             |
|----------------------------------|---------------|----------|----------|-----|-------------|
| a. Family of one                 |               |          |          |     | \$ 1,226.67 |
| b. Number of Dependents (if any) | \$ _____      | x        | \$433.33 | =   | \$ _____    |
| c. Total of 5a + 5b              |               |          |          | =   | \$ _____    |
| d. 150% of the poverty line      | Total from 5c | \$ _____ | x        | 1.5 | = \$ _____  |

## Residents of Hawaii

- |                                  |               |          |          |     |             |
|----------------------------------|---------------|----------|----------|-----|-------------|
| a. Family of one                 |               |          |          |     | \$ 1,129.17 |
| b. Number of Dependents (if any) | \$ _____      | x        | \$398.33 | =   | \$ _____    |
| c. Total of 5a + 5b              |               |          |          | =   | \$ _____    |
| d. 150% of the poverty line      | Total from 5c | \$ _____ | x        | 1.5 | = \$ _____  |

\*Annual poverty line guidelines, as defined by Section 673(2) of the Community Service Block Grant Act, are available at: <http://aspe.hhs.gov/poverty/14poverty.cfm>.

- Yes.** My total monthly gross income has been less than the annual poverty line (from 5d) since \_\_\_/\_\_\_/\_\_\_\_\_. **Send your last two (2) pay stubs and evidence of any other income. If this is not your first request for economic hardship, include a copy of your most recent Federal Income Tax Return. Continue to Question 12.**
- No. Continue to Question 6.**

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## Question 6

My total monthly gross income is equal to or less than twice the amount of 150% of the poverty line. Is the result in Question 6c less than the amount in 5d?

- |                                     |           |   |          |
|-------------------------------------|-----------|---|----------|
| a. Multiply the amount from 5d by 2 | (5d x 2)  | = | \$ _____ |
| b. My Monthly Gross income is       |           | = | \$ _____ |
| c. Subtract 6b from 6a              | (6a - 6b) | = | \$ _____ |

- Yes. Continue to Question 7.**
- No. Complete Question 7 and Continue to Question 9.**

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## Question 7

Calculate your total monthly education loan payments. Monthly payments on loans in default can be included.

Is This Loan Currently in Forbearance?

Yes No

a.	Monthly payment amount for all Federal Loans.	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Federal Stafford Loan (subsidized and unsubsidized)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Federal Direct Stafford Loan (subsidized and unsubsidized)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Federal PLUS Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Federal Direct PLUS Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Federal Consolidation Loan/Federal Direct Consolidation Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Federal Perkins Loan and/or National Direct Student Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>7a. Subtotal</b>	<b>7a.</b> \$ _____		
b.	Monthly payment amount for all Federal loans.	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Health Education Assistance Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Nursing Student Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Health Profession Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>7b. Subtotal</b>	<b>7b.</b> \$ _____		
	<b>(7a + 7b = 7c)</b>	<b>7c Total</b> \$ _____		

**\*You must provide evidence showing monthly installment amounts**

## Question 8

My total monthly gross income minus my federal student loan payments is less than the poverty line for my family size. Is the result of Question 8c less than the amount in 5d?

a.	My Gross Monthly Income is	\$ _____
b.	My Monthly Student loan payments from 7c	\$ _____
c.	Subtract 8b from 8a	(8a – 8b) = \$ _____

**Yes.** My total monthly gross income minus loan payments has been below the 150% poverty line since \_\_\_/\_\_\_/\_\_\_\_. **Send copy of your last two (2) pay stubs and evidence of any other income along with evidence of your Title IV Federal Education loan debt. Include the bill or payment stub(s) from the most recent monthly payment, beginning loan balance(s) and repayment term(s) (e.g. disclosure statements or current Repayment schedules). Continue to Question 12.**

**No. Continue to Question 9.**

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## Question 9

I am requesting forbearance because my student loan payments are equal to or greater than 20% of my total monthly income. Is the result of 9a equal to or less than 9b?

- a. My Gross Monthly Income is \$ \_\_\_\_\_ x .02 = \$ \_\_\_\_\_  
b. My Monthly Student loan payments from 7c \$ \_\_\_\_\_

- Yes.** My Title IV loan payments have been equal to or greater than 20% of my monthly gross income since \_\_\_/\_\_\_/\_\_\_\_\_. **Send a copy of your last two (2) pay stubs and evidence of any other income along with evidence of your Title IV Federal Education loan debt, including the bill or payment stub from the most recent monthly payment, beginning loan balance(s) and repayment term(s) (e.g., disclosure statements or current Repayment schedules). Continue to Question 12.**
- No. I am requesting forbearance for other acceptable reason(s).** I will attach a letter explaining my case. Please include documents requested from Questions 5 & 7, along with any other documentation to support your request.

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## Question 10

I am currently unable to make scheduled payments due to "Poor Health" (temporarily-total disabled).

**\*Must be completed by your physician\***

Patient's Name \_\_\_\_\_ Subjective symptoms \_\_\_\_\_

Relationship to Borrower Name \_\_\_\_\_ Objective symptoms \_\_\_\_\_

Date when symptoms first appeared \_\_\_\_\_ Diagnosis \_\_\_\_\_

Date accident occurred \_\_\_\_\_ **\*If needed please attach a separate sheet of paper.**

### Treatment

First visit date \_\_\_\_\_ Last visit date \_\_\_\_\_ Frequency of visit (Weekly, Monthly, Other) \_\_\_\_\_

### Progress

Present Condition: Recovered \_\_\_\_\_ Unchanged \_\_\_\_\_ Improved \_\_\_\_\_ Retrogressed \_\_\_\_\_

Is Patient: Ambulatory \_\_\_\_\_ Bed Confined \_\_\_\_\_ House Confined \_\_\_\_\_ Hospital Confined \_\_\_\_\_

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## Extent of Disability

Is patient 'NOW' totally disabled for:  
If no, when is or was the patient able to work?  
If yes, will patient be able to resume and work?

### Any Occupation

Yes  No

\_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No

### Regular Occupation

Yes  No

\_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No

Physician Name

Physician License Number

Address

City

State Zip

Phone number

Fax Number

Attending Physician Signature

Date

**Continue to Question 12**

## Question 11

If you are unemployed or seeking full-time employment, complete the following.

(a) I became unemployed or working under 30 hours a week on \_\_\_\_/\_\_\_\_/\_\_\_\_ and have registered with the following public or private employment agency. **Agency seal or stamp is required.**

**\*If registered with an online agency, attach online application history from the last 3 months.**

Name of Employment Agency

Telephone Number

Agency Address

City, State, Zip

Place Agency Seal or Stamp Here (Notary seal not acceptable)

(b) I became unemployed on \_\_\_\_/\_\_\_\_/\_\_\_\_. Attach proof of unemployment benefits, from a State Agency.

**\*If this is not your first request, you must also complete section (a).**

(c) I became unemployed or working under 30 hours a week on \_\_\_\_/\_\_\_\_/\_\_\_\_. In the last six months, I have made attempts to secure full time employment at the following three firms.

**\*If this is not your first request, you must also complete section (a).**

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**Complete all information requested for each of the three firms.**

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(1) Name of Firm

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Address

---

Contact Person (Name & Title)

---

Telephone Number

---

(2) Name of Firm

---

Address

---

Contact Person (Name & Title)

---

Telephone Number

---

(3) Name of Firm

---

Address

---

Contact Person (Name & Title)

---

Telephone Number

**Continue to Question 12**

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## Question 12

### I understand that:

- (1) This request will not be granted, unless all applicable sections of this form are completed and requested documents are submitted.
- (2) All final decision regarding my Forbearance eligibility will be made in accordance with applicable provisions of the Kenyon Institutional Loan Program, and my signed promissory note.
- (3) That a Forbearance is renewable up to 6 months for periods that collectively do not exceed a total of 18 months.

### I certify that:

- (1) The information provided above is true and correct
- (2) I will provide additional documentation, as required, to Heartland ECSI to support my continued forbearance status.
- (3) I will notify Heartland ECSI immediately when the condition(s) that qualified me for this forbearance ends
- (4) I have read, understand and meet the terms and conditions of the forbearance for which I have applied.

### I understand that interest will continue to accrue monthly, and I wish to pay this interest:

- At the end of the approved Forbearance**
- Monthly as it accrues.**

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E-Mail Address (\*please provide an e-mail address where you will be notified, if your request is denied)

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Signature

---

Date

---

Address

---

Home Phone

---

City, State, Zip

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Cell Phone

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