

Request for Economic Hardship or Forbearance

The Office of Student Loans The University of Mississippi Medical Center 2500 North State Street Jackson, MS 39216

Please print or type all requested information. If answers are unreadable or incomplete, then the request will be returned to the student.

Full Name -- maiden name if applicable _____
Social Security Number _____
Current Address _____

Telephone Number _____
Cellular Number _____
E-mail Address _____
Current Age _____
Date of Birth _____
Marital Status (single, married, divorced, widowed) _____

List Dependents	Relationship to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Employment Status - Check one

Currently Employed _____ Employer's Name _____

Unemployed receiving employment benefits _____ Attach unemployment benefits statement

Unemployed receiving no benefits _____ Attach statement from state employment office stating that no benefits are being received

Disabled _____ Attach a statement describing disability from physician

Have never been employed _____

Other facts to be considered

- Required documents that you must submit with your request**
1. A copy of your last monthly paystub - If you are paid bi-weekly, then provide both paystubs for the last month.
 2. A sign copy of your state of Mississippi Income Tax Return including all schedules
If you did not file a Mississippi Income Tax Return, then send a signed copy of your Federal Income Tax Return with all schedules.
 3. A copy of your most current checking and/or savings account
 4. Current documentation (copies of bills) not older than 30 days to verify all listed monthly expenses
 5. If you have Stafford Students loans that are currently being deferred, then please include a copy of the letter that you received from your lender with the dates and reason for the deferment.
 6. Copies of your non-UMC monthly student loan bills with the monthly payment amount such as your Federal Stafford Student Loans and Federal Perkins Student Loan from another institution including any loans in deferment.

Request Certification

I am requesting an economic hardship or forbearance for my student loan(s) with the University of Mississippi Medical Center (UMC). All of the information that I have provided in this request is current and correct. I understand that UMC will determine, based on the provided information, whether I am eligible for an economic hardship or forbearance. I understand that if an economic hardship or forbearance is granted, this economic hardship or forbearance can be for only a 12-month period. I also understand that an economic hardship will extend the original 10-year repayment. I understand that a forbearance will not extend the original 10-year repayment. All information and requested documentation submitted will not be for public dissemination by UMC and will be considered confidential between UMC and myself.

Signature _____
Date _____

FOR UMC USE ONLY

Approved/Declined _____

Deferment Type _____

Period _____

Additional Comments

UMC Student Loan Names and Account Numbers

Your monthly gross income \$ _____
List other sources of income by monthly amount

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Monthly Income \$ _____

Monthly Expenses
Do not separate charges. For example, if the water bill and the sewer bill are one bill, then list the amount for either the water bill or for the sewer bill but not both.

Mortgage/Rent \$ _____

Home Owner's/Renter's Insurance \$ _____

Property Taxes \$ _____

Electric Bill \$ _____

Gas Bill \$ _____

Cable Bill \$ _____

Internet Bill \$ _____

Trash Bill \$ _____

Sewer Bill \$ _____

Water Bill \$ _____

Landline Bill \$ _____

Cell Bill \$ _____

Food \$ _____

Auto Loan \$ _____

Auto Insurance \$ _____

List other debt including non UMC Student Loans

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

List any other expenses

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses \$ _____

Current checking account balance \$ _____

Current savings account balance \$ _____

First reviewer's initials and date _____

Second reviewer's initials and date _____