



## DEFERMENT REQUEST FORM

### SECTION 1: BORROWER IDENTIFICATION

Please enter the following information:

UAS Loan Account Number(s) \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone - Home \_\_\_\_\_

Telephone - Other \_\_\_\_\_

E-mail Address \_\_\_\_\_

### SECTION 2: DEFERMENT REQUEST

*Please check the appropriate box below:*

- **Note: As stated in your promissory note, a school deferment and internship/residency deferment is only applicable on Dental and undergraduate Institutional loans disbursed on/after July 1, 2007 and Cummings and Medical school loans disbursed on/after July 1, 2008. All loans disbursed prior to dates specified above are only eligible for an economic hardship deferment.**

I am enrolled at least half-time in a degree program at \_\_\_\_\_  
(Please complete section 3 and have section 4 certified)

I am serving an eligible internship/ residency at \_\_\_\_\_  
(Please complete section 3 and have section 5 certified)

I am seeking a deferment on my Tufts loan(s) due to economic hardship. (Please complete section 3 and 6)

### SECTION 3: BORROWER CERTIFICATIONS

- **I understand that: (1)** I am not required to make principal payments while my loan is in an approved deferment. However, interest accrued during the deferment period will be capitalized (added to the total outstanding loan balance) at the end of my deferment period. **(2)** I may choose to make timely interest payments monthly by contacting Tufts University. **(3)** My deferment will begin on the dates as certified by the authorized official who completes Section 4 or 5 of this form. **(4)** My deferment will end on the date that I no longer meet the condition that qualifies me for the deferment, or the ending date of that condition as certified by the authorized official. **(5)** This benefit is to be granted to me for no more than 12 months at a time with a maximum allowed of 60 months. I am responsible for applying annually for this benefit. **(6)** I am not eligible for any deferment benefits on a past due loan until my loan is brought current.

- **I certify that: (1)** The information I provided in Sections 1 and 2 above is true and correct. **(2)** I will provide additional documentation to Tufts University, as required, to support my deferment status. **(3)** I will notify Tufts University immediately if the condition(s) that qualified me for the deferment ends.

**Borrower's**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 4: REGISTRAR CERTIFICATION (for school deferment)**

**NOTE: As an alternative to completing this section, the school may attach its own enrollment certification report listing the required information.**

I certify, to the best of my knowledge and belief, that \_\_\_\_\_ (name of student)

(1) is/was enrolled as (check the appropriate box)  a full-time student or  at least a half-time student

during the academic period from \_\_\_\_\_ to \_\_\_\_\_ and

(2) Is reasonably expected to complete his/her program requirements on \_\_\_\_\_.

Name of Institution \_\_\_\_\_ OPE-ID \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_

Telephone \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 5: AUTHORIZED OFFICIAL'S CERTIFICATION (for internship/residency deferment)**

I certify, to the best of my knowledge and belief, that \_\_\_\_\_ (name of intern/resident)

is engaged in his/her residency/internship from \_\_\_\_\_ to \_\_\_\_\_.

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_

Telephone \_\_\_\_\_

Authorized Official's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 6: FINANCIAL STATEMENT (for economic hardship deferment)**

**Per University policy, no economic hardship deferment requests may be reviewed without supporting documentation that substantiates what is indicated as the total monthly income and expenses on the financial statement below. Please submit recent copies of the following statements/bills to back up your financial hardship: utilities, rent/mortgage, credit cards, car payments, insurance payments, additional student loans, etc. For income verification, please provide copies of recent pay stubs documenting at least one month's worth of income. In cases where marital status is not single, the spouse's income verification is also required (one month's worth of pay stubs). Similarly, if your spouse carries any educational, personal, or credit card debt, please provide documentation of this debt, as we would take in into consideration with regard to your financial situation.**

**Please complete the financial statement below for an economic hardship deferment.**

**FOR ECONOMIC HARDSHIP DEFERMENT ONLY**

1. Marital Status: (check one)

Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Married \_\_\_\_\_ Divorced/Separated \_\_\_\_\_

2. Dependents: Do you have any dependents? \_\_\_\_\_ How many? \_\_\_\_\_

3. Monthly Income:

Gross Monthly Income \$ \_\_\_\_\_

Deductions \$ ( \_\_\_\_\_ )

Net Monthly Income \$ \_\_\_\_\_

Spouse's Net Monthly Income \$ \_\_\_\_\_

Public Assistance (list type \_\_\_\_\_) \$ \_\_\_\_\_

Support Income (if separated or divorced) \$ \_\_\_\_\_

Other Income (list type \_\_\_\_\_) \$ \_\_\_\_\_

**Total Monthly Income \$ \_\_\_\_\_**

Monthly Expenses:                      Balance Outstanding                      Monthly Payments

Mortgage/Rent                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Car Expenses

    Loan                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

    Gas, Oil, Insurance                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Bank Loans (list type):

\_\_\_\_\_ \$ \_\_\_\_\_                      \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_                      \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**List all outstanding student loans by name/type and Lending Institution.**

**Loan Name/Type    Lending Inst.    Orig. Loan Amt.    Balance Outstanding    Monthly Payments**

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Credit Cards:

Balance Outstanding    Monthly Payments

\_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Medical                      \$ \_\_\_\_\_

Utilities                      \$ \_\_\_\_\_

Telephone                      \$ \_\_\_\_\_

Insurance (Life, Home)                      \$ \_\_\_\_\_

Food                      \$ \_\_\_\_\_

Monthly Support Payments (If divorced/separated)                      \$ \_\_\_\_\_

Other Expenses:

\_\_\_\_\_                      \$ \_\_\_\_\_

\_\_\_\_\_                      \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_  
**NET TOTAL** (Monthly Income Minus Total Monthly Expenses) \$ \_\_\_\_\_

**Assets:**

Savings Account Balance (Bank Name) \_\_\_\_\_ \$ \_\_\_\_\_  
Checking Account Balance (Bank Name) \_\_\_\_\_ \$ \_\_\_\_\_

**4. Employment Information:** Provide information for current/most recent employer.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Employer Phone: ( ) \_\_\_\_\_

Number of hours worked/week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Date Last Worked: \_\_\_\_\_

**5. Describe below the circumstances of your present financial situation.** (*Attach a separate sheet of paper if additional space is needed*)

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I understand that all information and supporting documents submitted will be held in strictest confidence and will not be subject to dissemination outside the requirements of Tufts University. I further understand that this arrangement will consist of reduced or deferred payments, as determined by Tufts University based on my financial situation. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum repayment period.

I certify that all statements are true and correct. I also certify that I will immediately notify Tufts University of any change in my employment status or significant change in my financial situation. I authorize a representative of Tufts University to obtain pertinent information from applicable parties for verification purposes.

\_\_\_\_\_  
Borrower Signature Date

Mail or fax this application to:

Tufts University  
Student Loan Office  
419 Boston Ave  
Medford, MA 02155  
Fax: 617-627-3987