

Louisiana State University Office of Accounting Services Bursar Operations – Perkins Loan 125 Thomas Boyd Hall

## FEDERAL PERKINS LOAN PROGRAM - DEFERMENT REQUEST DUE TO ECONOMIC HARDSHIP

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of no more than \$10,000 or imprisonment for not more than five years or both, under the provision of Sec. 20 U.S.C. 1097.

## A. BORROWER INFORMATION

Payments are deferred and principal nor interest accrues. Final responsibility for completion and return of this form rests solely with the borrower.

- <u>Deferment</u> is a period during which the borrower is entitled to postpone repayment of the principal and interest balance of the loan.
- <u>Total Monthly Gross Income</u> is the gross amount of income I received from employment (both full-time and part-time), public assistance programs (food stamps, welfare, AFDC, etc.) and from other services.

B. REQU	EST FOR DEFERMENT OF	PAYMENT (To b	e completed by ti	he borrower)
Name			LSUID	
Mailing Ad	ldress		l	Phone Number
City		State		Zip Code
To qualify, o	neet the qualifications stated below for an Economic Hardship Deferment and request that Louisiana State University fer repayment of my loan(s) FROM:  (MM/DD/YEAR)  (MM/DD/YEAR)  (MM/DD/YEAR)  (MM/DD/YEAR)  (Index been granted an economic hardship for either a Stafford or PLUS Loan for the same time period for which I am requesting the deferment for my Perkins Loan. Documentation/proof of status must be attached.  I am receiving federal or state public assistance, such as Temporary Assistance to Needy Families, Supplemental Security Income, Food Stamps, or state general public assistance.  Documentation/proof of status must be attached.  I am working full time (see Section A. Borrower Information) and earn a total monthly gross income (see Section A. Borrower Information) which does not exceed the greater of:  (a) the monthly gross income of a minimum wage earner or  (b) an amount equal to 150% of the poverty line for my family's size, divided by 12.  The number of people in my family or household is			
FOR ACCOUNTING SERVICES USE ONLY				
☐ Approved	☐ Disapproved Approval: From	m: (MM/DD/YEAR) _		To: (MM/DD/YEAR)
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