



Dental Education Loan Program
Health Professions Loan Program

Deferment Request

Borrowers may be eligible for a deferment based on the reasons listed below. Please note that deferments are at the discretion of FAME. Payment history and other factors are considered beyond the conditions listed. Complete this form and submit all documents required based on the reason for your request. Incomplete forms will be returned to the borrower.

1 BORROWER INFORMATION

Last Name:		First Name:		Middle Initial:	Loan Account No:
Mailing Address:				City/State/Zip:	
Home Phone Number: () -	Day/Cell Phone Number: () -	Email Address:			

2 DEFERMENT PURPOSE

Indicate which deferment type you are requesting and submit all required documentation.

Anticipation of Eligible Return Service Position
 Borrower's temporary inability to meet the requirements necessary to obtain forgiveness of the loan, if the borrower evidences the intent to pursue one of the forgiveness provisions.
 Provide justification for the request.
 Include all supporting documentation.

Financial Hardship
 Borrowers may be eligible for deferment of principal payment if they can document financial hardship conditions for reasons such as: returning to school, loss or reduction of work hours, temporary disability, etc.
 Complete and attach Financial Hardship Worksheet

3 SIGNATURE

I hereby certify that all of the information set forth on this deferment form and any attached worksheets and required documents, is true, correct and complete. I have read and understand the information and instructions sheet.

Signature of Applicant

Date

NOTE: Interest will accrue and must either be repaid or may be repaid through eligible loan forgiveness. You may choose to make interest payments during deferment in order to reduce the monthly payment when the deferment ends if the loan is not eligible for forgiveness.

Submit Complete Form(s) to: Finance Authority of Maine, P.O. Box 949, Augusta, ME 04332-0949

TEL: 1-800-228-3734 TTY: 207-626-2717 FAX: 207-623-0095 URL: www.famemaine.com

For FAME Use Only:	<input type="checkbox"/> A: <input type="checkbox"/> Grad Date: <input type="checkbox"/> Cert <input type="checkbox"/> Position Confirmed <input type="checkbox"/> Job Search <input type="checkbox"/> Approved___ <input type="checkbox"/> Denied___					
	<input type="checkbox"/> B: <input type="checkbox"/> Worksheet complete <input type="checkbox"/> Mths Ok <input type="checkbox"/> Net Monthly: <input type="checkbox"/> Approved___ <input type="checkbox"/> Denied___					
CURRENT		APPROVAL			Initial Done	
Acct Code			_____ Per Diem		LL Notes _____ Agreement/Denial Letter Mailed on _____ By _____	
Status End Date			_____ Interest Rate		NOTES:	
Maturity Date			_____ Total Principal			
Total Mnts Def			Approved Period: FR: _____ TO: _____			
Payment Amt			ACH <input type="checkbox"/> Yes <input type="checkbox"/> No			



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DEFERMENT WORKSHEET - FINANCIAL HARDSHIP

Complete this worksheet along with the deferment form if you want to be considered for a deferment due to financial hardship.

1. BORROWER INFORMATION

Last Name:	First Name:	Middle Initial:	Loan Account No:
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2. REASON FOR HARDSHIP

<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Loss/Reduction of Employment	<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Other (please indicate reason)
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3. FINANCIAL DOCUMENTATION

- Attach proof that you have been approved for an **economic hardship deferment** for your Federal Stafford Loan(s). Document must show period of approved deferment. **OR**
- Complete the following Household Income and Expense Sheet

HOUSEHOLD MONTHLY INCOME		HOUSEHOLD MONTHLY EXPENSES	
Monthly Net Income - Borrower	\$	Monthly Mortgage/Rent	\$
Monthly Net Income – Spouse	\$	Monthly Utilities	\$
Average Monthly Interest Income	\$	Monthly Medical/Dental Expenses	\$
Monthly Unemployment Benefits	\$	Monthly Food Expenses	\$
Monthly Federal or State Public Assistance (AFDC, SSI, Food Stamps, etc.)	\$	Monthly Child Support Paid	\$
Monthly Child Support Received	\$	Monthly Day Care Expenses	\$
Monthly Alimony Received	\$	Monthly Automobile & Insurance Payment	\$
Other:	\$	Monthly Credit Card Payments (list below)	\$
Other:	\$	Monthly Other Personal/Student Loans (list below)	\$
Other:	\$	Other:	\$
TOTAL MONTHLY INCOME:	\$	TOTAL MONTHLY EXPENSES	\$

Current Amount in Savings & Checking Accounts:	\$
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Loans/Credit Card Payment Information (for loans and credit cards indicated above). Use additional sheet if needed.

Creditor	Current Balance	Outstanding Past Due Amount	Required Monthly Payment
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. SIGNATURE

I agree upon termination of this deferment to repay this loan according to the terms of my Promissory Note and Repayment Schedule. I certify that the information provided here is true and correct. I authorize FAME to obtain a credit report and other credit information in connection with this request for a deferment of my principal payment. FAME reserves the right to request copies of documentation supporting the amounts listed above at any time.

Signature of Applicant

Date