



## Request for Deferment

BORROWER INFORMATION	
Check the program for which you need a deferment.  <b>LOAN LEDGER #</b> _____  <b>Are you currently having your loan payments direct debited from your account? Y N</b>	<input type="checkbox"/> Blaine House Scholars Loan Program <input type="checkbox"/> Teachers for Maine Loan Program <input type="checkbox"/> Educators for Maine Loan Program <input type="checkbox"/> Maine Dental Education Loan Program <input type="checkbox"/> Health Professions Loan Program <ul style="list-style-type: none"> <li><input type="checkbox"/> Maine Post Graduate Health Professions Loan Program</li> <li><input type="checkbox"/> Maine Osteopathic Loan Program</li> <li><input type="checkbox"/> Maine Health Professions Loan Program</li> </ul>

Name	Area Code/ Telephone Number	
Street Address	City	
Social Security Number	State	Zip Code
Email address:		

REASONS FOR DEFERMENT REQUEST	
<input type="checkbox"/> Financial Hardship/Unemployment	<b>Please Complete Financial Data Section</b>
<input type="checkbox"/> Continuing Education Expected Grad Date _____	<b>Please Attach Proof Of Enrollment</b>
<input type="checkbox"/> National Volunteer Service	<b>Please Attach A Copy Of Your Service Contract</b>
<input type="checkbox"/> Medical	<b>Please Attach Documentation From a Physician</b>
<input type="checkbox"/> Ed Tech Position Are you trying to obtain a teaching position? Y N	<b>Please Attach Letter Of Employment</b> Where have you applied?

Number of Months Deferment Requested -up to 12 months \_\_\_\_\_

LENDER/SERVICER USE ONLY	
This deferment is granted based upon our belief that the Borrower intends to repay the loan, but is unable to do so for the above-mentioned reason.	
<input type="checkbox"/> APPROVED	DATES FROM _____ TO _____
<input type="checkbox"/> DENIED	REASONS _____
Authorized Signature _____	Date _____
Entered by _____	Date _____

**Please complete both sides of this form.**  
**If you are NOT applying for a financial hardship or unemployment deferment, simply sign page 2 and return.**

If you are requesting this deferment for your Health Professions Loan, please fill out the financial data section and also **send signed copies** of your Federal Tax Returns for the most recent two years.

FINANCIAL DATA			
Household Monthly Income		Monthly Expenses	
Total financial resources received for the Household:		Rent/Mortgage (include insurance & property taxes)	
Monthly Net Income – Borrower		Utilities (phone, electricity, water, sewer)	
Monthly Net Income - Spouse		Food	
Interest Income		Auto Expense (payment + ins.)	
TANF		Alimony/Child Support	
Food Stamps		Hospital/Medical payments	
Child Support		Total of monthly credit card payments	
Alimony		Personal Loans (not student loans)	
Other Income		Other Expenses (itemize)	
<b>TOTAL MONTHLY INCOME</b>		<b>TOTAL MONTHLY EXPENSES</b>	
Assets		Liabilities	
Cash on hand & in Bank		Balance of mortgage loan	
Stocks and Bonds		Balance on automobile loan	
Real Estate		Balance on Credit Cards	
Accounts, Loans, and Notes Received		1.	
Retirement		2.	
Life Insurance-cash surrender value <b>only</b>		3.	
Value of Automobile(s)		4.	
Other Assets ( <b>Please itemize</b> )		Other accounts and bills due ( <b>Please itemize</b> )	
1.		1.	
2.		2.	
3.		Unpaid income tax or other taxes and interest	
4.			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	

AGREEMENT	
<p>I am requesting a temporary deferment of my loan payments. I agree upon termination of this deferment to repay this loan according to the terms of my Promissory Note and Repayment Schedule. The information in this request is true and correct.</p> <p>For those selecting a financial deferment:</p> <p>I authorize the Finance Authority of Maine to obtain a credit report and other credit information in connection with this request for a deferment.</p>	
<p><b>Borrower Signature</b></p> <p><b>X</b></p>	<p><b>Date</b></p>