

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:		

DEFERMENT PURPOSE AND REQUIREMENTS

Borrowers may be eligible for limited deferment of principal payment for the reasons listed below. Please note that deferments are at the discretion of FAME. Payment history and other factors are considered. Complete all applicable pages of this form and submit all documents required based on the reason for your request. You must sign Page 3. Incomplete forms will be returned. Indicate which deferment type you are requesting and submit all required documentation. **NOTE: Interest must still be paid during the deferment period and will not be refunded if a qualified return service position is obtained.**

Anticipation of Eligible Return Service Position

- Borrowers who have **just completed their 6 month grace period** following graduation and who are attempting to obtain a qualified return service position may be granted a 6 month deferment of principal payments.
- Attach proof of appropriate teacher certification.

Financial Hardship

Borrowers may be eligible for a 6 month deferment of principal payment if they can document financial hardship. Please select the applicable condition, provide the required documents, and answer the questions that apply to your situation.

- Complete and attach Financial Hardship Worksheet (page 2), provide a copy of your most recent federal income tax return and last two paystubs.
- If unemployed, provide documentation of eligibility for benefits.
- If continuing education, provide proof of enrollment from your school's registrar.
- If temporarily disabled, provide documentation from your physician.

Loss of Job (check applicable reason): ___ Laid off (teaching position); ___ Laid off (non teaching position)
___ Chose to leave (teaching position); ___ Chose to leave (non teaching position);
___ Other, please specify _____

Reduced work hours (check applicable reason): ___ School district budget cuts; ___ Elective, chose reduced schedule; ___ Other, please specify _____

Continuing Education:
Name of School _____ Degree Program _____
Expected Graduation Date (mm/yyyy) _____ Full Time _____ Half-time _____

Temporary Disability:
Medical Condition _____
Expected Duration _____

FINANCIAL HARDSHIP WORKSHEET

Complete this worksheet along with pages 1 and 3 of the deferment request form if you want to be considered for a deferment due to financial hardship.

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FINANCIAL DOCUMENTATION

- 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 (TANF, 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: list below	\$
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
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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ACCEPTANCE OF DEFERMENT TERMS AND CONDITIONS

Once your request is reviewed, you will receive written notification from FAME indicating whether the deferment request was granted or denied.

If your request for a 6 month deferment is granted the following conditions will apply:

- **You must continue to pay interest and all outstanding charges during the deferment period.** You will continue to receive monthly invoices for the interest accrued and other outstanding charges. Failure to make such payments may result in immediate termination of the deferment and/or default of your loan.
- Payments during deferment are not included in the total number of monthly payments set forth in your Master Fixed Rate Promissory Note ("MPN") payment schedule.
- Payments made during any deferment period will not be refunded in the event that you qualify for and receive loan forgiveness at a later date.
- Except as modified herein, all other terms and conditions of your MPN will remain in full force and effect.
- You must notify FAME immediately of any change to any of the information provided by you in connection with this deferment request.

CERTIFICATION AND SIGNATURE

I certify that all of the information provided by me on this form or as part of my deferment request is true, correct and complete. I have read and understand the information and instructions provided on this form. I understand that I am responsible for interest payments during any deferment granted. I accept the terms and conditions outlined above of any deferment granted. I agree, upon termination of any deferment granted, to repay my loan according to the terms of my MPN. If I am requesting a deferment based upon financial hardship, I authorize FAME to obtain a credit report and other credit information in connection with my request. I agree to provide to FAME, upon request, any additional documentation supporting the information I have provided.

Signature of Borrower

Date

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	NLS Notes Agreement/Denial Letter Mailed
Status End Date	_____ Interest Rate	_____ on _____ By _____
Maturity Date	_____ Total Principal	NOTES:
Total Mnts Def	Approved Period: FR: _____ TO: _____	
Payment Amt	ACH <input type="checkbox"/> Yes <input type="checkbox"/> No	