

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 (Not applicable to Health Professions borrowers who received their first program loan since 1/1/2011).**
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 in the form of a letter explaining the circumstances.
 - ✓ Include a letter of employment or contract to document the forthcoming employment status and starting date.
- Financial Hardship**
Financial hardship for reasons such as: returning to school, loss or reduction of work hours, temporary disability, etc.
- ✓ Complete the Financial Hardship Worksheet and send copies of most recent federal income tax return and your two (2) most recent paystubs

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

Signature of Borrower

Date

NOTE: Interest will accrue at the rate applicable to your loan and must either be repaid or repaid through eligible loan forgiveness if applicable. 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 later eligible for forgiveness (if applicable).

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

For FAME Use Only:	<input type="checkbox"/> A: Residency/Fellowship completion date:	<input type="checkbox"/> Position Confirmed:	<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___
CURRENT	ACCT CODE	APPROVAL	Initial Done	
	Acct Code		_____ NLS Notes	Agreement/Denial Letter Mailed on _____ By _____
	Status End Date		NOTES:	
	Maturity Date			
	Total Mnts Def			
	Payment Amt			
			Per Diem _____	
			Interest Rate _____	
			Total Principal _____	
			Approved Period: FR: _____ TO: _____	
			ACH <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- Complete the following Household Income and Expense Sheet

HOUSEHOLD MONTHLY INCOME

Monthly Net Income - Borrower	\$
Monthly Net Income – Spouse	\$
Average Monthly Interest Income	\$
Monthly Unemployment Benefits	\$
Monthly Federal or State Public Assistance (AFDC, SSI, Food Stamps, etc.)	\$
Monthly Child Support Received	\$
Monthly Alimony Received	\$
Other:	\$
Other:	\$
Other:	\$
TOTAL MONTHLY INCOME:	\$

HOUSEHOLD MONTHLY EXPENSES

Monthly Mortgage/Rent	\$
Monthly Utilities	\$
Monthly Medical/Dental Expenses	\$
Monthly Food Expenses	\$
Monthly Child Support Paid	\$
Monthly Day Care Expenses	\$
Monthly Automobile & Insurance Payment	\$
Monthly Credit Card Payments (list below)	\$
Monthly Other Personal/Student Loans (list below)	\$
Other:	\$
TOTAL MONTHLY EXPENSES	\$

Current Amount in Savings & Checking Accounts: \$

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

If approved, 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. FAME reserves the right to request copies of documentation supporting the amounts listed above at any time.

Signature of Borrower _____

Date _____