

BORROWER INFORMATION

Last Name:		First Name:	Middle Initial:	Loan Account Numbers
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 all deferment requests are subject to FAME approval. Approval is discretionary and may take into account payment history and other relevant factors. To request deferment: complete all applicable pages of this form. Indicate the deferment type and length of time you are requesting. Submit all required documentation. Sign page 3 of the form. Incomplete forms or requests missing required documentation will be returned for correction.

NOTE: Interest must still be paid during the deferment period and will not be refunded if a qualified return service position is obtained.

Length of deferment requested (check the appropriate box)

- 3 months 6 months 9 months 12 months

Anticipation of Eligible Return Service Position (Not Eligible for the Health Professions Loan Program)

- Borrowers who have **completed their 6-month grace period** and who are attempting to obtain a qualified return service position may be granted a deferment of principal payments.
- Provide justification for the request in the form of a letter explaining the circumstances.
 - Include a letter of employment or a contract to document the forthcoming employment status and starting date

Continuing Education or Residency

- Name of School or Residency Program: _____
- Expected Graduation Date (mm/yyyy) _____ Full Time _____ Half-time _____
- Official proof of enrollment or residency contract required after the start of each term in order to maintain deferred status.

Financial Hardship

Borrowers may be eligible for a 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, W-2s and 12 most recent paystubs.
- If unemployed, provide documentation of eligibility for benefits.
- If temporarily disabled, provide documentation from your physician.
- Loss of Employment
- Reduced Work Hours
- Temporary Disability
- Other: please indicate Reason _____

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/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:	\$	Total Monthly Credit Card Payments (list in Loans/Credit Card section)	\$
Other:	\$	Total Monthly Other Personal/Student Loans (list in Loans/Credit Card section)	\$
Other:	\$	Total Other (list on additional sheet)	\$
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 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.
- Your loan's maturity date will not be extended for the period of deferment; therefore your monthly payment amount may increase once repayment resumes.
- Payments made during any deferment period will not be refunded if you qualify for and receive loan forgiveness at a later date.
- Except as modified herein, all other terms and conditions of your Promissory Note(s) 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.
- You must sign an Agreement Revising Terms of Note

CERTIFICATION AND SIGNATURE

I certify that all information I have provided on this form, or in connection with my deferment request, is true, correct, and complete. I have read and understand the information and instructions included with this form. I understand that I remain responsible for interest payments during any deferment that is granted. I accept the terms and conditions of any deferment approved by FAME and agree that, upon termination of the deferment, I will repay my loan(s) in accordance with the terms of my Promissory Note(s). If I am requesting a deferment based on financial hardship, I authorize FAME to obtain a credit report and other relevant credit information in connection with my request. If I am requesting a deferment based on school enrollment, extended residency, or fellowship, I understand that the deferment may be canceled at any time if I fail to submit required official documentation by the deadline established by FAME. I agree to provide any additional documentation requested by FAME to support the information I have provided.

Signature of Borrower

Date

For FAME Use

<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"/> DTI:		<input type="checkbox"/> Approved____	<input type="checkbox"/> Denied____

NOTES:

CEO* Authorization: _____ **Date:** _____

*CEO is defined as FAME's Chief Executive Officer or a person acting under the supervisory control of the Chief Executive Officer.