

**UNIVERSITY OF ST. THOMAS  
REQUEST FOR UNEMPLOYMENT DEFERMENT**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_

City/State Zip \_\_\_\_\_

Telephone numbers: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Employment Information: Provide information for current or most recent employer.

Employer Name; \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Employer Phone: (\_\_\_\_) \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_ Date last worked: \_\_\_\_\_

**CHECK ALL THAT APPLY**

- I am seeking and unable to secure full-time employment
- I have registered with an employment agency
- I am receiving unemployment benefits
- I have never been employed

I am financially unable to repay my loan(s) according to my repayment schedule and hereby request federal forbearance from \_\_\_\_\_ to \_\_\_\_\_. Give the reason for your request below and complete the financial information form on the back.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and completed both sides of this form and certify that all information given is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN TO:**

**University of St. Thomas  
2115 Summit Ave AQU 220  
Saint Paul MN 55105-1096  
Fax # (651) 962-6009 Attn: Perkins Loan  
Phone (651) 962-6612**

For office use only:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION****Income--Monthly**

Salary	Gross \$ _____	Net/mo.	\$ _____
(Name of Employer)			
_____			
Cash on Hand		\$ _____	
Savings		\$ _____	
Other Income		\$ _____	
Assistance (Welfare, etc.)		\$ _____	
Net Salary--spouse		\$ _____	

**Basic Living Expense—Monthly**

Rent or Home Mortgage	\$ _____
(Name of Landlord or Mortgage Lender)	
_____	
Utilities	\$ _____
Food	\$ _____
Insurance	\$ _____
Clothing	\$ _____
Transportation (other than car payments)	\$ _____
Other (other than monthly debts below)	\$ _____