

RAEBURN E. BARNES TRUST
HARDSHIP DEFERMENT REQUEST

Please complete this form in full. The form is used to request the suspension of payments on your Barnes Trust Loan because of temporary financial hardship. If approved, you will not be required to make any installment payments for the duration of the suspension. The aggregate deferral period shall not exceed more than 36 months. However, the maximum period from the granting of the initial loan to complete repayment shall not exceed fifteen years, unless approved by the Trustees. **You must include photocopies of two most recent bank statements (checking and savings accounts.)**

PERSONAL INFORMATION

Name: _____ S.S.# : _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Date Continuous Unemployment Began: _____

Marital Status: (circle one)

Check and complete the items below

Single Married Widow(er)
Separated Divorced

- I have never been employed
- I have received the maximum allowable unemployment benefits
- I did not work long enough to be eligible for unemployment benefits
- I am receiving weekly unemployment benefits of \$ _____
- I am receiving monthly/weekly public assistance in the amount of \$ _____
- I am unable to find full-time employment

When are you requesting payment deferment to begin? _____

State why you are delinquent in your payments at this time? _____

What are your plans for bringing the loan current? _____

What partial monthly payment could be made at this time until the loan could be brought current? _____

MONTHLY INCOME		MONTHLY EXPENSE	
Present Employer:		Food	\$
Address:		Rent	\$
		Mortgage	\$
Salary	\$	Electric	\$
Other Income	\$	Gas	\$
(specify)		Telephone	\$
		Car Payment	\$
Welfare/ADC	\$	Credit Cards	\$
Spouse Income	\$	Student Loans	\$
Spouse Employer:		Medical/Dental	\$
Address:		Other Expenses	\$
		(specify)	
TOTAL MONTHLY INCOME \$		TOTAL MONTHLY EXPENSE	\$

Are living expenses shared? _____

List other financial commitments (credit cards, other loans, etc.):

Creditor's Name	Monthly Payment	Date Last Paid	Balance

I understand that interest may continue to accrue throughout the deferred period and must be paid in accordance with my billing schedule. On resumption of payments, a new amortization schedule will be furnished to me, based on my then current balance due. I also understand that all information will be held in confidence. I certify that all statements made above are true and correct and that I will immediately notify the administrator of any change in my billing address or my financial status.

Signature: _____ Date: _____

Return form to: Administrator
 Raeburn E. Barnes Trust Student Loan Program

