

**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  
 \_\_\_\_\_  
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