

**UNIVERSITY OF ST. THOMAS  
REQUEST FOR ECONOMIC HARDSHIP 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 employed and experiencing financial difficulty

I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan. (Attach letter from lender)

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:

\_\_\_\_\_

**Income--Monthly**

Salary \*Gross \$ \_\_\_\_\_ Net/mo. \$ \_\_\_\_\_  
(Name of Employer) \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Assistance (Welfare, etc.) \$ \_\_\_\_\_

Net Salary--spouse \$ \_\_\_\_\_

(A) **TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**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) \$ \_\_\_\_\_

(B) **TOTAL MONTHLY LIVING EXPENSES**