

Income and Expenses Summary

The following information is requested to determine your eligibility for hardship deferment, forbearance, or a revision of your repayment schedule. The information you provide will remain confidential, however, we reserve the right to use this information if collection efforts become necessary. We also reserve the right to use a credit report to verify the information you provide.

Name: _____ Soc Sec #: _____

1. Marital Status:

- Single
 Married
 Widow(er)
 Separated/Divorced

3. Employer: _____

4. Spouse's Employer: _____

2. Number of Dependents: _____ Ages: _____

5. Monthly Income from all sources:

Your Gross Monthly Pay: \$ _____ Spouse Gross Monthly Pay: \$ _____
Other Income: \$ _____ Other Income: \$ _____
(Source): _____ (Source): _____

TOTAL MONTHLY INCOME: \$ _____

NET MONTHLY INCOME: \$ _____

6. Bank Name/Checking Account Balance: _____

7. Bank Name/Savings Account Balance: _____

8. Monthly Expenses:

Rent/Mortgage \$ _____
Utilities \$ _____
Child Care \$ _____
Car Payment(s) \$ _____
Food \$ _____
Telephone \$ _____
Auto Insurance \$ _____
Life Insurance \$ _____
Medical Insurance \$ _____
Other Charge Accounts \$ _____
Explain: _____

TOTAL MONTHLY EXPENSES \$ _____

COMMENTS: _____
