

Tennessee Temple University

REQUEST FOR UNEMPLOYMENT DEFERMENT

I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the lending institution based on my financial situation. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum ten-year period.

Borrower's Name/Address: _____ SSN Number: _____

Address: _____ Email Address: _____

City/State/Zip _____ Marital Status: _____ Number of Dependents: _____ Ages: _____

Daytime Phone: _____ Evening Phone: _____ Cell phone: _____

Name, Address, and phone number of someone (other than spouse) who will always know your whereabouts:

Name: _____ Address: _____

City/State/Zip: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____ Cell phone: _____

BORROWER CERTIFICATION

I request an unemployment deferment for a period of ____ (cannot be more than six) months. I am currently unemployed and actively seeking employment. I certify that all statements made are true and correct. I also certify that I will immediately notify Tennessee Temple University of any change in my employment status or significant change in my financial situation. I authorize a representative of Tennessee Temple University to obtain from my applicable parties' pertinent information in order to verify this application. Final responsibility for completion and return of this form to the institution rests with the borrower. This account will remain in status quo until this form is approved. If this form is incomplete; it will be returned to the borrower. In order to verify that I am actively seeking employment, I must register with an employment agency and have this form certified.

Date: _____ Signature _____

AGENCY CERTIFICATION

Agency Name: _____

Address: _____

City/ State/Zip: _____ Phone number _____

I certify that the above-mentioned individual has been duty registered with this employment agency.

Date: _____ Signature _____

Title: _____

Return form to: **Tennessee Temple University**
Business Office
1815 Union Ave.
Chattanooga, TN 37404

Institutional Action

Approved: ___ Disapproved: ___ By: _____ Date Posted: _____

Dates approved: From: _____ To: _____

Posted to account: _____ By: _____