

**UNISA INC.  
LOAN SERVICING FOR HIGHER EDUCATION**

<b>NAME OF BORROWER</b>	<b>ACCOUNT NUMBER</b>
<b>STREET ADDRESS</b>	<b>DATE OF BIRTH</b>
<b>CITY, STATE, ZIP</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>PHONE NUMBER</b>	<b>NAME OF LENDING INSTITUTION</b> <small>(College/Univ. from which loan originated)</small>

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.

I certify that all statements made are true and correct. I also certify that I will immediately notify the Lending Institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the Lending Institution to obtain pertinent information from applicable parties for verification purpose.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>FORBEARANCE</b>	<b>DEFERMENT DATE REQUESTED FROM / / TO / /</b>
Maximum 3 Years, Defers Principal, Interest Billed During, or at the End of the Deferment Period.	
<input type="checkbox"/> I will pay interest during my forbearance period. <input type="checkbox"/> I will pay interest after my forbearance period. ** If no box is checked you will be billed for interest during your forbearance period.	
<input type="checkbox"/> Debt to income ratio based on the following:	
<input type="checkbox"/> Income (Attach supporting documentation: check stub or employer statement) <input type="checkbox"/> Federal Education Debt (Attach supporting documentation of all educational debt: total loan and monthly payments.)	
<input type="checkbox"/> For circumstances due to my present financial status, (please explain on reverse side #4).	

<b>UNEMPLOYMENT</b>	<b>DEFERMENT DATE REQUESTED FROM / / TO / /</b>
Maximum 3 Years, Defers Principal, Defers Interest, For loans borrowed 7/01/93 and after.	
<input type="checkbox"/> I am seeking and unable to secure full-time employment. I <input type="checkbox"/> have <input type="checkbox"/> have not registered with an employment agency.	
If yes, name of agency _____ phone number _____	
<input type="checkbox"/> I am receiving unemployment benefits. <span style="margin-left: 200px;"><input type="checkbox"/> I have never been employed.</span> <input type="checkbox"/> I am not eligible to receive unemployment benefits. <span style="margin-left: 200px;"><input type="checkbox"/> I have attached any other supporting documentation.</span>	

<b>ECONOMIC HARDSHIP</b>	<b>DEFERMENT DATE REQUESTED FROM / / TO / /</b>
Maximum 3 Years, Defers Principal, Defers Interest, For loans borrowed 7/01/93 and after.	
<input type="checkbox"/> I have been granted economic hardship for Federal Direct Student Loan or Federal Family Education Loan for the concurrent period of time. (Attach official supporting documentation.)	
<input type="checkbox"/> I am receiving payment under federal or state public assistance. (AFDC, Supplemental Security Income, Food Stamps, or State General Public Assistance. Attach supporting documentation.)	
<input type="checkbox"/> Debt to income ratio based on the following:	
<input type="checkbox"/> Income (Attach supporting documentation: check stub or employer statement) <input type="checkbox"/> Federal Education Debt (Attach supporting documentation of all educational debt: total loan and monthly payments.)	
<input type="checkbox"/> For extension of benefit, you must attach a copy of your Federal Income Tax return.	

***PLEASE COMPLETE FINANCIAL STATEMENT ON REVERSE SIDE***

Please send completed form to: **UNISA INC. 7400 East Arapahoe Rd. Suite 10, Englewood, CO 80112 (303) 221-5626**

APPROVED _____	DENIED _____	AUTHORIZED OFFICIAL _____	DATE _____
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**FINANCIAL STATEMENT**  
**TO BE COMPLETED BY BORROWER**

1. **Marital Status:** (check one) \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Married \_\_\_\_\_ Divorced or Separated

2. **DEPENDENTS:**

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. **MONTHLY INCOME / MONTHLY EXPENSES:**

**MONTHLY INCOME**

Gross Monthly Income	_____
Deductions	_____
Net Monthly Income	_____
Spouse's Net Monthly Income	_____
Monthly Public Assistance (list type) _____	_____
Monthly Support Income (if separated or divorced)	_____
Other Income (list type) _____	_____
<b>TOTAL MONTHLY INCOME</b>	_____

**MONTHLY EXPENSES**

	Balance Outstanding	Monthly Payments
Mortgage / Rent	_____	_____
Car Expenses	_____	_____
Medical / Dental Insurance	_____	_____
Insurance Other	_____	_____
Bank Loans (list type):		
_____	_____	_____
_____	_____	_____
Credit Cards (list):		
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Monthly Support Payments	_____	_____
Food	_____	_____
Other Expenses:		
_____	_____	_____
_____	_____	_____
<b>TOTAL MONTHLY EXPENSES</b>		_____

**TOTAL MONTHLY INCOME- EXPENSES EQUALS** \_\_\_\_\_

**Assets:**

Savings Account Balance (Bank Name) \_\_\_\_\_  
 Checking Account Balance (Bank Name) \_\_\_\_\_

4. **LIST BELOW THE CIRCUMSTANCES OF YOUR PRESENT FINANCIAL STATUS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **EMPLOYMENT INFORMATION:**

Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_