

PORTLAND STATE UNIVERSITY
Request for Economic Hardship Deferment of my Student Loan(s)

Name: _____ SID#: _____ Cell phone #: _____
 Address: _____ Telephone #: _____
 Family size (#): _____ Email address: _____ Employer: _____

Definitions:

Total monthly gross income (TGMI) is income from all sources *before* taxes and other deductions.

Working full time means you are expected to be employed for at least three consecutive months for at least 30 hours per week.

I request economic hardship deferment for the period starting _____ because: (*check one*)

- (A) _____ I have been granted economic hardship for a Stafford or PLUS Loan or a Perkins Loan from another school for the time period for which I am requesting a deferment on this loan. **Documentation from the granting agency is required.**
- (B) _____ I am receiving payment under Federal or State Public Assistance such as Temporary Assistance to Needy Families, Supplemental Security Income, Food Stamps or state general public assistance. **Documentation from the granting agency is required.**
- (C) _____ I am working full time* and my **TGMI** does not exceed 150 percent of the poverty line for my family size. **I must provide evidence of my most recent total monthly gross income from all sources.**
- (D) _____ I am not receiving **TGMI** that is more than twice the amount listed in category (C) above and that income minus an amount equal to my monthly payments on federal post secondary education loans does not exceed the amount in category (C). **I must provide evidence of my most recent total monthly gross income from all sources. I must also provide evidence of the most recent monthly amount due on each of my federal post secondary educational loans.**
- (E) _____ I am serving as a volunteer in the Peace Corps. **Documentation from the Peace Corps verifying the period of service is required.**

I understand that this form will not be processed if the required documentation is not provided.

I may be required to provide a copy of my most recent federal income tax return if I reapply. I certify that the above information is true and correct.

Borrower Signature _____ Date _____

For Office Use: Denied or Approved for period _____ Next Payment/Amount _____

MAIL TO: Portland State University PO Box 202 Portland, OR 97207-0202

2011 HHS Poverty Guidelines

Persons in Family	48 Contiguous States & D.C.	Alaska	Hawaii
1	\$10,890	\$13,600	\$12,540
2	14,710	18,380	16,930
3	18,530	23,160	21,320
4	22,350	27,940	25,710
5	26,170	32,720	30,100
For each additional person, add	3,820	4,780	4,390