

PAYMENT PLAN CHANGE REQUEST AND FINANCIAL STATEMENT

Return this form to:
 Student Account Assistance
 University of Minnesota, Twin Cities
 211 Robert H. Bruininks Hall
 222 Pleasant St. SE
 Minneapolis, MN 55455-0239
 Phone: 612-625-8007
 Fax: 612-624-2873
 Email: stdtloan@umn.edu

DIRECTIONS

Please complete the entire form or it will be returned to you, delaying your request.

SECTION 1. Personal background			
Borrower's name (last, first, middle initial)		Social Security number	University ID
Email address		Cell phone (include area code)	
Residential address (street, apartment or P.O. Box number, city, state, ZIP code, country)		Home phone (include area code)	
Mailing address, if different (street, apartment or P.O. Box number, city, state, ZIP code, country)		Work phone (include area code)	
Dependents and ages			
SECTION 2. Personal references (list two)			
Name		Phone (include area code)	
Address (street, apartment or P.O. Box number, city, state, ZIP code, country)			
Name		Phone (include area code)	
Address (street, apartment or P.O. Box number, city, state, ZIP code, country)			
SECTION 3. Employment history			
		Employment dates	Salary
Employer's name	Address		
Name of previous or second job employer	Address		

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for office use only <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/> Approved for:	
	<input type="checkbox"/> Disapproved:	
	Signed: _____	
	Title: _____	Date: _____



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Please recycle.

SECTION 4. Financial background

Income		Expenses	
Cash on hand	\$	Monthly living expenses	
Savings	\$	Rent or home mortgage	\$
Monthly income		Do you rent or own? <input type="checkbox"/> rent <input type="checkbox"/> own	
Gross salary (monthly pay before taxes)	\$	Utilities \$ _____	Food \$ _____
Self—Net salary (monthly pay after taxes)	\$	Insurance \$ _____	Clothing \$ _____
Other income (list sources and amounts)	\$	Car payment \$ _____	Transportation \$ _____ (do not include car payments)
	\$	Other expenses (List the type of debt and amount. Do not include debts listed in Section 5. Attach extra pages, if necessary)	
	\$	Cell phone	\$
	\$	Health club membership	\$
	\$	Medications	\$
Assistance (e.g., County, state, or federal)	\$		\$
Other assistance (Parents, relatives, or friends)	\$		\$
Total monthly income	\$	Total monthly expenses	\$

SECTION 5. Loans & credit card debt

Include all debts not listed in Section 4, such as federal student loans, private loans, personal loans, credit card balances and/or bank loans. **Attach a separate sheet if additional space is required.**

Creditor	Type of loan	Balance	Monthly payment
Total monthly payment			\$

SECTION 6. Reason for request

If you are applying for a forbearance you are required to pay past due accrued interest of: \$

SECTION 7. What type of deferment are you requesting?

<input type="checkbox"/> Economic Hardship	<input type="checkbox"/> Forbearance	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Smaller payments _____ Proposed Amount		

SECTION 8. Certification

By signing this form, I certify that the information I provided is true and correct. I understand that interest may be due monthly if deferred.

Estimated monthly interest, if deferred \$	Signature	Date signed
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