



# INDIANA UNIVERSITY

OFFICE OF STUDENT LOAN ADMINISTRATION

Division of Financial Management Services

## Financial Arrangement Form

Dear Borrower:

This letter is in reference to your student loan account(s).

We acknowledge your financial situation and your willingness to make alternate payment arrangements.

Since you are unable to remit the amount required to bring your account(s) current, you must apply to the Lending Institution for these arrangements. If you have received this type of benefit previously and your financial situation has not improved, you must apply for a renewal of your agreement.

**Complete Parts I, II, and III. Be as thorough as possible. Provide ALL information and include supporting documentation as requested. THE TYPE OF BENEFIT GRANTED DEPENDS ON THE INFORMATION YOU PROVIDE AND WHEN YOUR LOANS WERE MADE.** We will notify you of our decision regarding alternate payment arrangements, and we will determine the length of such arrangements.

We will bill you according to the agreement established. Statements sent during the agreement may reflect a "temporary amount due" on the bottom portion. You will be billed the difference at the end of the agreement. The upper portion will reflect the amount due according to your original repayment schedule, including any past due amounts. This will help you monitor the status of your account(s).

For Federal loans, we may impose **late charges** on all past due amounts regardless of alternate payment arrangements. If these charges are appropriate to your situation, they will be included on future notices. If payments are not received in this office by the fifteenth (15th) of each month, you will receive past due notices that reflect all past due amounts based on your *original* repayment schedule. When making a payment, please include the bottom portion of the statement and write your account number on your check or make your payment online at [www.iuloans.iu.edu](http://www.iuloans.iu.edu). **YOUR LOAN(S) WILL CONTINUE TO BE REPORTED TO NATIONAL CREDIT BUREAU(S) IN THEIR APPROPRIATE STATUS.**

Remember, if granted, all arrangements are temporary. They may be considered invalid if you do not follow the requirements. Billing would resume at the regularly scheduled amount, including any applicable past due.

Sincerely,

STUDENT LOAN ADMINISTRATION

Poplars Building, Room 433 400 E. Seventh Street Bloomington, IN 47405-3085  
(812) 855-4511 (866) 485-6267 fax (812) 855-5848 E-mail: [iuloans@indiana.edu](mailto:iuloans@indiana.edu) Web: [iuloans.iu.edu](http://iuloans.iu.edu)

**PART I – MUST BE COMPLETED BY BORROWER**

**FINANCIAL STATEMENT**

**1. Marital Status:** (check one)

Single       Widow(er)  
 Married       Divorced or Separated

**2. Dependents:**

| Name  | Relationship | Age   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

**3. Monthly Income:**

(Please provide written documentation supporting reported income)

|   |                 |
|---|-----------------|
| Gross Monthly Income                      | \$ _____        |
| Deductions                                | \$ ( _____ )    |
| Net Monthly Income                        | \$ _____        |
| Public Assistance and type: _____         | \$ _____        |
| Support Income (if separated or divorced) | \$ _____        |
| Other Income and type: _____              | \$ _____        |
| <b>TOTAL MONTHLY INCOME</b>               | <b>\$ _____</b> |

List all outstanding student loans by name/type and Lending Institution. Provide supporting documentation for all educational loans not owed to Indiana University to which you are submitting this application. Include the original total loan amounts, outstanding loan balances and monthly payment amounts. If a loan is currently deferred, provide the monthly payment amount as if it were not in deferment.

| Loan Name/Type | Lending Institution | Original Loan Amt. | Balance Outstanding | Monthly Payments |
|----------------|---------------------|--------------------|---------------------|------------------|
| _____          | _____               | \$ _____           | \$ _____            | \$ _____         |
| _____          | _____               | \$ _____           | \$ _____            | \$ _____         |
| _____          | _____               | \$ _____           | \$ _____            | \$ _____         |
| _____          | _____               | \$ _____           | \$ _____            | \$ _____         |
| _____          | _____               | \$ _____           | \$ _____            | \$ _____         |
| _____          | _____               | \$ _____           | \$ _____            | \$ _____         |

**Monthly Expenses:**

|   | Balance Outstanding | Monthly Payments |
|---|---------------------|------------------|
| Mortgage/Rent   | \$ _____            | \$ _____         |
| Car Expenses  |                     |                  |
| Loan  | \$ _____            | \$ _____         |
| Gas, Oil, Insurance   | \$ _____            | \$ _____         |
| Bank Loans (list type):                                       |                     |                  |
| _____   | \$ _____            | \$ _____         |
| _____   | \$ _____            | \$ _____         |
| _____   | \$ _____            | \$ _____         |
| Other Outstanding Loans (personal)                            | \$ _____            | \$ _____         |
| Credit Cards:   |                     |                  |
| _____   | \$ _____            | \$ _____         |
| _____   | \$ _____            | \$ _____         |
| _____   | \$ _____            | \$ _____         |
| Medical   | \$ _____            | \$ _____         |
| Utilities   | \$ _____            | \$ _____         |
| Telephone   | \$ _____            | \$ _____         |
| Insurance (Life, Health, Home)                                | \$ _____            | \$ _____         |
| Food  | \$ _____            | \$ _____         |
| Monthly Support Payments (if separated or divorced)           | \$ _____            | \$ _____         |
| Other Expenses:   |                     |                  |
| _____   | \$ _____            | \$ _____         |
| _____   | \$ _____            | \$ _____         |
| <b>TOTAL MONTHLY EXPENSES</b>                                 | <b>\$ _____</b>     | <b>\$ _____</b>  |
| <b>NET TOTAL (Monthly Income Minus Total Monthly Expense)</b> |                     | <b>\$ _____</b>  |

**Assets:**

|  |          |
|--|----------|
| Savings Account Balance (Bank Name) _____  | \$ _____ |
| Checking Account Balance (Bank Name) _____ | \$ _____ |

**PART II – MUST BE COMPLETED BY BORROWER**

**4. Employment Information:** Provide information for current or most recent employer.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
City State Zip

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Date of hire: \_\_\_\_\_ Date last worked: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_

**Check all that apply:**

- I am employed and experiencing financial difficulty.(PPFB)
- Employed and working less than 30 hours and seeking full-time employment (DFUN). My underemployment began on \_\_\_\_\_. (Provide list of companies with whom you have interviewed.)
- I am/was unemployed. My unemployment began on \_\_\_\_\_ and ended on \_\_\_\_\_. (DFUN):
  - I am receiving unemployment benefits. (Provide official documentation of this benefit)
  - I am not eligible to receive unemployment benefits. (Provide supporting documentation of ineligibility)
  - I have registered with an employment agency. (Provide registration documentation)

**5. Other situations. Check all that apply: (Supporting documentation may include: check stubs, employer stubs, benefit verification on official letterhead, copy of Federal tax return)**

- I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan. (indicate dates of hardship period: \_\_\_\_\_) **Attach official documentation of this benefit.**
- I am receiving payment under federal or state public assistance. (AFDC, SDI, SSI, Food Stamps, State-sponsored General Assistance, etc.) **Attach official supporting documentation.**

**6. Please describe the circumstances of your present financial situation. (Attach a separate sheet of paper if additional space is needed)**

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

7.  I am able to pay the interest due **throughout** any hardship or forbearance benefit granted, please bill me.
- I am unable to pay the interest due throughout any hardship or forbearance benefit granted. I will pay the interest **after** my hardship deferment or forbearance has ended. Federal Perkins, HPSL, NSL and LDS loans accrue interest that will be billed in a **lump sum at the end** of the hardship deferment or forbearance.

**8. MONTHLY PAYMENT ARRANGEMENT:** If you feel you can make payments toward your account(s), complete this section.

Based on my financial situation, I am proposing to make payments in the amount of \$\_\_\_\_\_. Pending approval, if payment is not made, I understand that Indiana University may terminate this agreement if consecutive payments are not received. Past-due notices will be sent if payment is not received by the fifteenth of each month.

**PART III – MUST BE COMPLETED BY BORROWER**

Borrower is responsible to advise Indiana University of current address.

\*\*\*Your account number ensures proper handling of this form\*\*\*

|  |   |
|--|---|
| NAME OF BORROWER:  | ACCOUNT NUMBER(S):  |
| PERMANENT ADDRESS: <input type="checkbox"/> Check if new address | NAME OF LENDING INSTITUTION: Indiana University<br>Student Loan Administration, 400 E 7 <sup>th</sup> Street, Poplars 433,<br>Bloomington, IN 47405 |
|  | STUDENT ID or SSN:  |

|                             |                             |
|-----------------------------|-----------------------------|
| E-MAIL ADDRESS _____        | WORK PHONE NUMBER ( ) _____ |
| HOME PHONE NUMBER ( ) _____ | CELL PHONE NUMBER ( ) _____ |

I understand that all information and supporting documents submitted will be held in strictest confidence and will not be subject to dissemination outside the requirements of Indiana University. I further understand that this arrangement will consist of reduced or deferred payments, as determined by Indiana University 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 repayment period.

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

\_\_\_\_\_

Borrower Signature Date  
(Failure to sign will result in form being returned.)

**SUBMIT THE COMPLETED FORM BY \_\_\_\_\_ WITH \_\_\_\_\_ TO COVER FEES AND INTEREST**

**Please forward completed form to:**

**INDIANA UNIVERSITY  
STUDENT LOAN ADMINISTRATION  
POPLARS BUILDING, ROOM 433  
400 E. SEVENTH STREET  
BLOOMINGTON, IN 47405-3085  
FAX (812) 855-5848**

**Customer Service: (812) 855-4511 or 866-485-6267**

**Debt Management: (812) 855-5703 or 800-822-4840**

**PART IV – TO BE COMPLETED BY INDIANA UNIVERSITY**

|  |  |
|--|--|
| <input type="checkbox"/> Economic Deferment Granted (DFHS)                           | Dates _____ to _____ # of months _____ |
| <input type="checkbox"/> Unemployment Deferment Granted (DFUN)                       | Grace Period Ends _____                |
| <input type="checkbox"/> Hardship Deferment Granted, bill interest monthly (PPHD)    | Amount \$ _____                        |
| <input type="checkbox"/> Forbearance Deferment Granted, bill interest monthly (PPFB) | Form approved by: _____                |
| <input type="checkbox"/> Monthly Payment Arrangement Granted (Auto)                  | Date approved: _____                   |
| <input type="checkbox"/> Benefit Denied  | Form processed by: _____               |
| <input type="checkbox"/> Letter Sent To Borrower                                     | Date processed: _____                  |