



Financial Arrangement Form

Name of Borrower

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. Your lender will notify you of its decision regarding alternate payment arrangements and will determine the length of such arrangements.

UAS will bill you according to the agreement established by your lender. 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, Lending Institutions 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.uasconnect.com (please note enrolling in this service will discontinue paper statements). **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 made by the Lending Institution. Billing would resume at the regularly scheduled amount, including any applicable past due.

Sincerely,

UNIVERSITY ACCOUNTING SERVICE, LLC

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: _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

List all outstanding student loans by name/type and Lending Institution. Provide supporting documentation for all educational loans not owed to the Lending Institution 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:		
_____		\$ _____
_____		\$ _____
TOTAL MONTHLY EXPENSES		\$ _____
NET TOTAL (Monthly Income Minus Total Monthly Expense)		\$ _____

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.
- ☐ I am seeking and unable to secure full-time employment. **(Provide list of companies with whom you have interviewed.)**
- ☐ I have registered with an employment agency. **(Provide registration documentation)**
- ☐ 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 never been employed.

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 will pay the interest due **throughout** any hardship or forbearance benefit granted, please bill me. (On NSL, HPSL, PCL, LDS accounts, you are required to pay accrued interest during hardship or forbearance.)
- ☐ 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 and NFLP loans accrue interest that will be billed in a **lump sum at the end** of the hardship deferment or forbearance.) (Private loans may provide for capitalizing interest during or after the forbearance period. Review your promissory note for such provisions.)

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 the Lending Institution 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 UAS of current address.

Your 14 digit 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: UTHealth Houston
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 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 repayment 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 purposes.

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

Date

Please forward completed form to:

UTHealth Houston
Office of Student Financial Aid - Student Loan Collections
PO Box 20036
Houston, TX 77225
713-500-3300
713 - 500-0365 Fax
studentloancollections@uth.tmc.edu

PART IV – TO BE COMPLETED BY THE LENDING INSTITUTION/UAS –The Lending Institution should detach and send this page to UAS for processing. The Lending Institution official must send borrower verification of benefits granted or benefit denial.

<input type="checkbox"/> Economic Deferment Granted (G) <input type="checkbox"/> Unemployment Deferment Granted (U) <input type="checkbox"/> Hardship Deferment Granted (K or J) (circle one) <input type="checkbox"/> Forbearance Deferment Granted (H or B) (circle one) <input type="checkbox"/> MPA Granted (Auto or Full) (circle one) <input type="checkbox"/> Benefit Denied <input type="checkbox"/> Letter Sent To Borrower	Dates _____ to _____ # of months _____ Code _____ Grace Period Ends _____ Amount \$ _____ Form approved by: _____ Date approved: _____ Form processed by: _____ Date processed: _____
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