

UNEMPLOYMENT DEFERMENT FORM

Student Financial Services/Dartmouth College
6132 McNutt Hall, Room 103
Hanover NH 03755

Phone: 603 646-3230
Fax: 603 646-3455
Email: student.loans@dartmouth.edu

Borrower's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I believe my loan(s) qualify for an unemployment deferment and request that Dartmouth College defer repayment on my loan(s). My unemployment began on ____/____/____ and I am [] still unemployed or [] my unemployment ended ____/____/____. Maximum cumulative eligibility is 36 months. All borrowers must reapply every six months.

To document eligibility, the following must be completed: (choose one)

[] (1) I registered with the following public or private employment agency on ____/____/____

Name of Employment Agency: _____

(School placement offices and 'temporary' agencies do not qualify as public or private employment agencies)

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____ Contact person: _____

[] (2) I have been unemployed 3 months or less. I am not registered with an employment agency because there is not one within 50 miles of my permanent or temporary address. (Initial here) _____

[] (3) I have been unemployed three (3) months or more. I am not registered with an employment agency because there is not one within 50 miles of my permanent or temporary address. I have attempted to secure full time employment at the following three firms.

1. Name of firm: _____ Contact Person: _____
Street: _____ City: _____ State: _____ Zip: _____
Telephone: (____) _____ Date Applied: _____

2. Name of firm: _____ Contact Person: _____
Street: _____ City: _____ State: _____ Zip: _____
Telephone: (____) _____ Date Applied: _____

3. Name of firm: _____ Contact Person: _____
Street: _____ City: _____ State: _____ Zip: _____
Telephone: (____) _____ Date Applied: _____

Borrower Understanding and Certification

I understand that my deferment will begin on the date the deferment condition began but no more than six months before the date Dartmouth College receives this request. My deferment will last for no more than six months from its start. Dartmouth will not grant this deferment request unless all applicable sections of this form are completed and I qualify per terms of my loan note. If my deferment does not cover all my past due payments, I must either pay the past due amounts before the deferment can be processed, or I must apply for a forbearance.

I certify that the information provided is true and correct. I will notify Dartmouth College immediately if I find employment. I give permission for the companies I listed to verify that I have applied for fulltime work. I also give permission for any state unemployment agency to verify that I am receiving benefits.

Borrower's Signature: _____

Social Security Number: _____ Date: _____