



MAIL TO: Soka University of America
Office of Student Accounts
1 University Drive
Aliso Viejo, CA 92656

Fill out all sections clearly in dark ink:

Section 1: Borrower Identification

Form with fields for Last Name, First, Middle, Student ID#, Street Address, Social Security #, Area Code/ Phone # (Day), City, State, Zip, Area Code/ Phone # (Evening), Country, E-mail Address, Area Code/ Phone # (Cell), Marital Status, # of Dependent(s), Age of Dependent(s)

Reference:

Form with fields for Last Name, First, Middle, Street Address, Area Code/ Phone #, City, State, Zip, Area Code/ Phone # (Cell)

Section 2: Forbearance/Deferment Type

Refer to Section 7 for eligibility requirements. Fill out appropriate section of Verification Information (with supporting documents if necessary)

- Forbearance
1) My Soka Loan payments are equal to or greater than 20% of my total monthly income
2) I am unable to make scheduled payments due to 'Poor Health' (temporarily/ totally disabled)
3) Other
Economic Hardship Deferment
4) I have been granted economic hardship for William D. Ford Federal Direct Student Loan (FDSL), Federal Family Education Loan (FFEL) or the Federal Perkins Loan Program...
5) I am receiving payment under Federal or State Public Assistance.
6) I work full-time, and my Soka Loan payments are equal to or greater than 20% of my total monthly income...
7) I request an unemployment deferment for a period of...
Temporary Reduction
8) I request a temporary reduction of my monthly loan payment
Extended Repayment
9) I request an extended repayment of 30 years

Section 3: Borrower Signature

I understand that: (1) all information and supporting documents given will be held in strictest confidence... I certify that: (1) the information I provided in Sections 1 and 2 above is true and correct... I authorize: (1) Soka University of America and its representatives to obtain from my applicable parties' pertinent information...

Signature of borrower: _____ Date: _____

FOR INSTITUTIONAL USE ONLY

Form with fields for Approved/Disapproved, Start Date, End Date, By, Date, Comment/Reason, Received

Section 4: Verification of Income and Expenses

If you check condition 1), 6) 8) or 9) under Section 2, fill out the section below:

I am working full-time yes no

<u>Monthly Income:</u>		<u>Student Loan Information:</u>		
Gross Wages *	\$ _____	<u>Type</u>	<u>Loan Amount</u>	<u>Monthly Payment</u>
Spouse's Wages *	\$ _____	_____	\$ _____	\$ _____
Public Assistance **	\$ _____	_____	\$ _____	\$ _____
Unemployment **	\$ _____	_____	\$ _____	\$ _____
Child Support **	\$ _____	_____	\$ _____	\$ _____
Workmen Comp **	\$ _____	_____	\$ _____	\$ _____
Other Income ** <small>(describe)</small>	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	TOTAL LOANS	\$ _____	\$ _____

* Attach check stub or tax return

** Attach proof of status/income

Section 5: Statement of Disability (Completed by Physician)

If you check condition 2) under Section 2, fill out the section below:

Patient Information

Patient's Last Name	First Name	Middle
Subjective Symptoms		
Objective Symptoms		
Date when symptoms first appeared	Date accident occurred:	
Diagnosis <small>(attach a separate sheet of paper if necessary)</small>		

Treatment & Progress

First visit date	Last visit date	Frequency of Visit (Weekly, Monthly, Other)
Present Condition:		
<input type="checkbox"/> Recovered <input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Retrogressed		
Is patient		
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Bed Confined <input type="checkbox"/> House Confined <input type="checkbox"/> Hospital Confined		

Extent of Disability

	<u>Any Occupation</u>	<u>Regular Occupation</u>
Is patient 'NOW' totally disabled?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If no, when is the patient able to go to work	____/____/____ MM DD YY	____/____/____ MM DD YY
Will patient be able to resume any work	____/____/____ MM DD YY	____/____/____ MM DD YY
Indefinite	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Never	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is patient suitable candidate for rehabilitation?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Physician Certification

Physician Name	Physician License Number	
Address		
City	State	Zip
Phone Number	Fax Number	
Physician Signature	Date	

Section 6: Unemployment Verification

If you check condition **7**) under Section 2, fill out the section below:

To Qualify for this type of deferment, you must answer 'yes' to both of the following questions:

I am currently unemployed and actively seeking employment. yes no

I am registered with an employment agency yes no

If no, explain (attach additional sheet if necessary):

Employment Agency Certification

Agency Name

Agency Address

City

State

Zip

Phone Number

Fax Number

Agency Representative Signature

Date

Printed Name

Title

Section 7: Temporary Reduction

If you check condition **8**) under Section 2, fill out the section below (and fill out Section 4) :

Based on my financial situation, I will make monthly payments in the amount of \$_____ for a period of _____ months. If approved, I agree to make repayment of this amount each month as condition of this agreement, and that if payment is not made, my agreement may be terminated by the school.

Section 8: Instructions

Type or print clearly using dark ink. Report date as month-day-year. For example, show "January 31, 2005" as "01-31-2005". REMEMBER TO SIGN AND DATE THE FORM AND HAVE AN APPROPRIATE VERIFICATION AND SUPPORTING DOCUMENTS.

Send the completed form to:

**Soka University of America
Office of Student Accounts
1 University Drive
Aliso Viejo, CA 92656**

Section 9: Definitions

- An **economic hardship deferment** is a period during which you are entitled to postpone repayment of the principal balance of your loan(s). During the period of deferment, no interest will be charged.
- **Forbearance** allows you to temporarily postpone making payments on your loan(s), gives you an extension of time for making payments, or lets you temporarily make smaller payments than previously scheduled. Interest is charged during forbearance on the loan.
- **Monthly Income** is either:
 - (1) the amount of my monthly income from employment and other sources before taxes and other deductions, **or**
 - (2) one-twelfth of the amount of my income reported as "adjusted gross income" on my most recently filed Federal Income Tax Return.
- **Full-time** employment is defined as working at least 30 hours per week in a position expected to last at least three consecutive months.
- **Capitalization** is the addition of unpaid interest to the principal balance of my loan. This will increase the principal and the total cost on the loan.
- **Extended repayment** will extend the repayment period from 10 years to 30 years. The extended repayment schedule is limited to borrowers with an outstanding principal balance totaling more than \$25,000. This will reduce the monthly payment amount, but the total repayment will be greater.

- **The William D. Ford Federal Direct Student Loan (FDSL) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans. These loans are known collectively as “Direct Loans.”
- **The Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, Federal Consolidation Loans, Guaranteed Student Loans (GSL), Federal Insured Student Loans (FISL), and Auxiliary Loans to Assist Students (ALAS).
- **The Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (NDSL).

Section 10: Eligibility Requirements/ Terms and Conditions

- If a borrower’s eligibility for the forbearance is based on condition 1) as described in Section 2, the borrower must fill out section 4 along with appropriate documentation. Provide one month worth of check stub(s) or most recent tax return to show wage information to prove the eligibility. For any other status, provide a copy of documentation showing the status, including other income the borrower may receive.
- If a borrower’s eligibility for the forbearance is based on condition 2) as described in Section 2, the borrower must have their physician fill out section 5 to provide information on their health status.
- If a borrower’s eligibility for the forbearance is based on condition 3) as described in Section 2, the borrower must attach an explanation of acceptable reason, along with any supporting document(s).
- If a borrower’s eligibility for the forbearance is based on condition 4) as described in Section 2, the borrower must provide a proof of deferment status.
- If a borrower’s eligibility for the forbearance is based on condition 5) as described in Section 2, the borrower must a documentation confirming that you are receiving or received payments under a federal or state public assistance program.
- If a borrower’s eligibility for the hardship deferment is based on condition 6) as described in Section 2, the borrower must fill out section 4 along with appropriate documentation. Provide check stub or most recent tax return to show wage information to prove the eligibility. For any other status, provide a copy of documentation showing the status, including other income the borrower may receive.
- If a borrower’s eligibility for the hardship deferment is based on condition 7) as described in Section 2, the borrower must be registered with an employment agency. Have the employment agency in which they are registered with fill out Section 6 to show verification that the borrower is actively seeking employment.
- If a borrower is requesting for a temporary reduction of the Student Loan payment based on condition 8) as described in Section 2, indicate the proposed amount of monthly payment and terms in months in section 7. The borrower must fill out section 4 along with appropriate documentation. Provide check stub or most recent tax return to show wage information to prove the eligibility. For any other status, provide a copy of documentation showing the status, including other income the borrower may receive.
- If a borrower is requesting for extended repayment of student loan payment based on condition 9) as described in Section 2, the minimum total principal of student loan with Soka University of America must be met to qualify.
- A borrower must notify Soka University of America immediately when the condition that qualified me for the deferment ends.
- Deferment will begin on the date the deferment condition began with appropriate documentation, or upon approval.