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# REHABILITATION TRAINING DEFERMENT REQUEST

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program.

OMB No. 1845-0011  
Form Approved  
Exp. Date 9/30/2018

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone - Primary \_\_\_\_\_

Telephone - Alternate \_\_\_\_\_

Email (Optional) \_\_\_\_\_

## SECTION 2: BORROWER DETERMINATION OF DEFERMENT ELIGIBILITY

Carefully read the entire form before completing it. Complete Section 2 in its entirety.

1. Is your program licensed, approved, certified, or recognized as providing rehabilitation training to disabled individuals by the Department of Veterans Affairs or a state agency responsible for vocational rehabilitation, drug abuse treatment, mental health treatment, or alcohol abuse treatment?
  - Yes - Continue to Item 2.
  - No - You are not eligible for this deferment.
2. Does your training program provide services under a written, individualized plan that specifies the date the services are expected to end?
  - Yes - Continue to Item 3.
  - No - You are not eligible for this deferment.
3. Does your program require a substantial commitment by you to your rehabilitation?
 

Substantial commitment means a commitment of time and effort that would normally prevent a person from being employed 30 or more hours per week in a position expected to last at least 3 months.

  - Yes - Continue to Item 4.
  - No - You are not eligible for this deferment.
4. Are you receiving or scheduled to receive vocational, drug abuse, mental health, or alcohol abuse rehabilitation services in your program?
  - Yes - Complete Section 3 and then have an authorized official complete Section 4.
  - No - You are not eligible for this deferment.

## SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

I request:

- To defer repayment of my loans for the period during which I meet the eligibility criteria outlined in Section 2 and as certified by an authorized official in Section 4.
- If indicated, to make interest payments on my loans during my deferment.

**Borrower Name** \_\_\_\_\_

**Borrower SSN** \_\_\_\_\_

**SECTION 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION (CONTINUED)**

**I understand that:**

- I am not required to make payments of loan principal or interest during my deferment.
- My deferment will begin on the date I became eligible, as certified by the authorized official.
- My deferment will end on the earlier of the certified deferment end date or when I am no longer eligible for the deferment for another reason.
- If I am a Perkins Loan borrower, I will receive a 6-month post-deferment grace period beginning on the date I no longer qualify for the deferment.
- Interest may capitalize on my loans during or at the expiration of my deferment or forbearance, but interest never capitalizes on Perkins Loans.

**I certify, to the best of my knowledge and belief, that:**

- The information I have provided on this form is true and correct.
- I will provide additional documentation to my loan holder, as required, to support my deferment eligibility.
- I will notify my loan holder immediately when my eligibility for the deferment ends.
- I have read, understand, and meet the eligibility requirements in Section 2.

**I authorize** the entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

**Borrower's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION**

**Do not complete this section unless the borrower has completed Section 2 in its entirety. Note:** Instead of having an authorized official complete this section, you may attach separate documentation from an authorized official that includes all of the information requested below and a certification that you and the program meet all conditions indicated by your responses in Section 2.

- The program begins/began on: \_\_\_\_\_
- The program is expected to end/ended on: \_\_\_\_\_

**I certify, to the best of my knowledge and belief, that:**

- The borrower and the program meet all conditions indicated by the borrower's responses in Section 2; and
- The information that I have provided in this section is accurate.

Name of Institution \_\_\_\_\_

OPEID (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Official's Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_

**Official's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**SECTION 5: INSTRUCTIONS FOR COMPLETING THE DEFERMENT REQUEST**

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Example: March 14, 2015 = 03-14-2015. Include your name and account number on any documentation that you are required to submit with this form. If you want to apply for a deferment on loans that are held by different loan holders, you must submit a separate deferment request to each loan holder. **Return the completed form and any required documentation to the address shown in Section 7.**

## SECTION 6: DEFINITIONS

An **authorized official** who may complete Section 4 is an official of the Rehabilitation Training Program.

**Capitalization** is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of your loan and may cause your monthly payment amount to increase. Interest never capitalizes on Perkins Loans. Table 1 (below) provides an example of the monthly payments and the total amount repaid for a \$30,000 unsubsidized loan. The example loan has a 6% interest rate and the example deferment or forbearance lasts for 12 months and begins when the loan entered repayment. The example compares the effects of paying the interest as it accrues or allowing it to capitalize.

A **deferment** is a period during which you are entitled to postpone repayment of your loans. Interest is not generally charged to you during a deferment on your subsidized loans. Interest is always charged to you during a deferment on your unsubsidized loans. On loans made under the Perkins Loan Program, all deferments are followed by a post-deferment grace period of 6 months, during which time you are not required to make payments.

The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans, Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).

The **Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).

The **holder** of your Direct Loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. The holder of your Perkins Loans is an institution of higher education or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to "your loan holder" on this form mean either your loan holder or your servicer.

A **subsidized loan** is a Direct Subsidized Loan, a Direct Subsidized Consolidation Loan, a Federal Subsidized Stafford Loan, portions of some Federal Consolidation Loans, Federal Perkins Loans, NDSL, and Defense Loans.

An **unsubsidized loan** is a Direct Unsubsidized Loan, a Direct Unsubsidized Consolidation Loan, a Direct PLUS Loan, a Federal Unsubsidized Stafford Loan, a Federal PLUS Loan, a Federal SLS, and portions of some Federal Consolidation Loans.

The **William D. Ford Federal Direct Loan (Direct Loan) 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.

**Table 1. Capitalization Chart**

Treatment of Interest with Deferment/Forbearance	Loan Amt.	Capitalized Interest	Outstanding Principal	Monthly Payment	Number of Payments	Total Repaid
Interest is paid	\$30,000	\$0	\$30,000	\$333	120	\$41,767
Interest is capitalized at the end	\$30,000	\$1,800	\$31,800	\$353	120	\$42,365
Interest is capitalized quarterly and at the end	\$30,000	\$1,841	\$31,841	\$354	120	\$42,420

## SECTION 7: WHERE TO SEND THE COMPLETED DEFERMENT REQUEST

Return the completed form and any documentation to:  
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:  
(If no phone number is shown, call your loan holder.)

## SECTION 8: IMPORTANT NOTICES

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**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., or §461 of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., or 20 U.S.C. 1087aa et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program, Federal Family Education Loan (FFEL) Program, or Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, or Federal Perkins Loan Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0011. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 674.34, 674.35, 674.36, 674.37, 682.210, or 685.204. If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 7).

**Information Sheet for all Deferment Requests for University of Georgia Federal Perkins Loan**

Please return to: UGA, Student Accounts-Loan Servicing, 110 Business Services Building, Athens, GA 30602-4226

Email: [ugaloans@uga.edu](mailto:ugaloans@uga.edu)

Phone: (706) 542-6834

Fax: (706) 542-3959

**SECTION 1 – PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ UGAID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone Numbers (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ (Cellular): \_\_\_\_\_

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

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

City / State / Zip Code: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Department: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_

**SECTION 2 – MONTHLY INCOME AND EXPENSES:**

**INCOME:**

Gross Wages: \_\_\_\_\_

Spouse's Gross Wages: \_\_\_\_\_

Income from All Other Sources: \_\_\_\_\_

**EXPENSES:**

Mortgage/Rent Amount: \_\_\_\_\_

Utilities Amount: \_\_\_\_\_

Other Student Loan Payment Amount: \_\_\_\_\_

Credit Cards Amount: \_\_\_\_\_

Medical/Dental Insurance/Bills Amount: \_\_\_\_\_

Car Insurance Amount: \_\_\_\_\_

Gas/Parking Amount: \_\_\_\_\_

Other Expenses (explain): \_\_\_\_\_

\_\_\_\_\_

**SECTION 3 – AUTHORIZATION:**

Please explain the reason you are delinquent on your loan(s) at this time and/or provide any additional information that you feel may be helpful in determining your eligibility for a deferment. Please use additional paper if necessary.

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

I hereby certify that the information above is true and correct.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~**FOR UGA STUDENT ACCOUNTS-LOAN SERVICING OFFICE USE ONLY**~~~~~

Type: \_\_\_\_\_ DF-Begin: \_\_\_\_\_ DF-End: \_\_\_\_\_ GR-Begin: \_\_\_\_\_ GR-End: \_\_\_\_\_

Due: \_\_\_\_\_ Letter: \_\_\_\_\_ Payoff: \_\_\_\_\_ A-Int: \_\_\_\_\_ Initials: \_\_\_\_\_