



FINANCIAL ARRANGEMENT FORM

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.

This form is provided for your convenience and **must** be RETURNED DIRECTLY TO MIDWESTERN UNIVERSITY, at the address below.

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. Midwestern University will notify you of its decision regarding alternate payment arrangements, and will determine the length of such arrangements.

ECSI will bill you according to the agreement established by Midwestern University. 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.

PART I - MUST BE COMPLETED BY BORROWER

| | | | |
|---|-----------|-------------------------|--|
| Name: | | Social Security Number: | |
| Address: | | | |
| | | | |
| City: | | Cell Phone: | |
| State: | Zip Code: | Home Phone: | |
| Email Address: | | Work Phone: | |
| Name of Lending Institution: MIDWESTERN UNIVERSITY | | GRADUATION DATE: | |

I understand that all information and supporting documents given 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 ten-year 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

Date

All arrangements must be approved by the Lending Institution only. Please forward completed form to:

Midwestern University
SFS - Loan Repayment Office
555 31st Street
Downers Grove, IL 60515
866-729-2698 630-515-6352 630-515-6353
Fax: 630-515-6384

PART II - MUST BE COMPLETED BY BORROWER - FINANCIAL STATEMENT

1. Marital Status:

Single Widow(er)
 Married Divorced or Separated

2. Dependents

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

3. Monthly Income:

Gross Monthly Income (**Provide 2 current paystub copies**) \$ _____
 Deductions \$(_____)
 Net Monthly Income \$ _____
 Spouse's Net Monthly Income \$ _____
 Public Assistance (list type _____) \$ _____
 Support Income (if separated or divorced) \$ _____
 Other Income (list type _____) \$ _____
TOTAL MONTHLY INCOME \$ _____

Monthly Expenses:

Balance Outstanding

Monthly Payments

| | | |
|--|----------|----------|
| Mortgage/Rent | \$ _____ | \$ _____ |
| Car Expenses | | |
| - Loan | \$ _____ | \$ _____ |
| - Gas, Oil, Insurance | \$ _____ | \$ _____ |
| Student Loans (list type): | | |
| ___ Subsidized Stafford _____ | \$ _____ | \$ _____ |
| ___ Unsubsidized Stafford _____ | \$ _____ | \$ _____ |
| ___ Private/Institutional _____ | \$ _____ | \$ _____ |
| Medical | \$ _____ | \$ _____ |
| Utilities | | \$ _____ |
| Telephone | | \$ _____ |
| Insurance (Life, Health, Home) | | \$ _____ |
| Food | | \$ _____ |
| Monthly Support Pymts (if sep/divorce) | | \$ _____ |
| Other Loans/Credit Cards: | | \$ _____ |
| _____ | | \$ _____ |
| _____ | | \$ _____ |

TOTAL MONTHLY EXPENSES \$ _____

NET Total (Monthly Income Minus Total Monthly Expense) \$ _____

PART III - MUST BE COMPLETED BY BORROWER

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

Employer Name: _____

Employer Address: _____

City _____ State _____ Zip _____

Employer Phone: (____) _____

Salary/Yr: \$ _____ Date last worked: _____ (Provide copies of last two pay stubs)

Check all that apply:

- I am employed and experiencing financial difficulty **(Complete Part II/Provide supporting documentation)**
- I am seeking and unable to secure full-time employment.
- 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: **FROM:** _____ **TO:** _____
(Attach official documentation of this benefit)
- I am receiving payment under federal or state public assistance. (AFDC, SSI, Food Stamps, State-sponsored General Assistance, etc.) **(Attach supporting documentation)**

6. Describe below the circumstances of your present financial situation.

7. If you feel you can make payments toward your account(s), complete this section.

Based on my financial situation, I can make monthly payments in the amount of \$ _____. If this agreement is approved, I will make payment of this amount each month as a condition of this agreement. If payment is not made, I understand that this agreement may be terminated by the lending institution.

If payment is not received between the first and the fifteenth of each month, you will receive past due notices which reflect all past due amounts based on your original repayment schedule.

8. Check all that apply:

- 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 hardships or forbearance benefit granted. I will pay the interest due **after** my hardship deferment or forbearance has ended. I understand interest that has accrued will be billed in a lump sum at the end of the hardship deferment or forbearance and is due and payable upon receipt.

Approved _____ Date _____ From _____ To _____ Type _____