



STRIDE FUNDING - PAYMENT DEFERRAL REQUEST

SECTION 1: STUDENT IDENTIFICATION

All General Assembly Income Share Agreements PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK, OR TYPE

	Please enter or correct the following information.
	☐ Check this box if any of your information has changed.
	SSN
	Name
	Address
	City, State ZIP Code
	Mobile Telephone Number
	Alternative Telephone Number
	Email Address
Income Share Agreement for General As	•
· ·	ssembly.
SECTION 2: REASON FOR DEFERRAI	ssembly.
SECTION 2: REASON FOR DEFERRAL Please respond to the following question	ssembly.
Please respond to the following question I am working part-time and my Documentation Required.	L n: Why are you requesting Payment Deferral?
Please respond to the following question I am working part-time and my Documentation Required. I am working full-time and my	Earned Income is less than \$40,000.00 annually. Supporting Income Earned Income is less than \$40,000.00 annually. Supporting Income
Please respond to the following question I am working part-time and my Documentation Required. I am working full-time and my Documentation Required.	Earned Income is less than \$40,000.00 annually. Supporting Income Earned Income is less than \$40,000.00 annually. Supporting Income

Have Earned Income below \$40,000.00 annually.

• Adhere to job search requirements as described in your General Assembly Agreement.

The Payment Period will begin immediately upon the end of the Payment Deferral period or thirty (30) days after your starting date of a Qualifying Employment Offer, whichever occurs sooner.

Section 4: STUDENT AGREEMENT, CERTIFICATIONS AND AUTHORIZATION

I agree to update my income as it changes and repay my Income Share Agreement in accordance to the terms of the contract upon the termination of this deferral. By my signature below, I certify that to the best of my knowledge:





- (1) The information I have provided on this form is true and correct.
- (2) I will provide supporting documentation, as required in accordance to Section 2 above, to support my deferral status.
- (3) The email that I provided is my email and only accessible by me.

Stride Agreement(s), including repayment of my that I provide for my cellular telephone or other w	its and contractor(s) to contact me regarding my request or my Income Share Agreement(s), at the current or any future number vireless device using automated telephone dialing equipment or
artificial or prerecorded voice or text messages.	
Student's Signature	Date
SECTION 5: DEFINITIONS	

Earned Income: Wages, salaries, tips, and other taxable employee compensation as well as net earning from self-employment.

Payment Term: The period during which you have an obligation to make monthly payments. The Payment Term is 48 months and shall be begin when you begin employment earning \$40,000.00 annually. My payment term may be extended in accordance to my General Assembly Agreement.

Qualifying Employment Offer: A job offer with an aggregated annual Earned Income equal to or greater than \$40,000.00 annually for employment, paid internship, paid consulting, or other paid service relationship.

SECTION 6: INSTRUCTIONS FOR COMPLETING THE FORM

Include your name and social security number or account number on any documentation that you are required to submit with this form. If you need help completing this form, please contact Knowledge Finance.

Please mail the completed form to Knowledge Finance or upload the completed form along with applicable supporting documentation through our web portal. You must continue making monthly payments until the payment deferral is approved. Knowledge Finance will notify you whether or not your request has been approved.