



## **Benefit Request**

If your financial difficulties prevent you from making timely payments on your student loans(s), you may be eligible for a Reduced Payment Plan. To qualify for this reduced payment plan, you must request and provide documentation that you meet at least one of the following eligibility criteria:

You have been granted an economic hardship deferment under the Federal Family Education Loan Program (FFELP), the Federal Direct Loan Program (FDLP), or the Federal Perkins Loan Program for the same period of time for which you are requesting an economic hardship deferment for your Loan.

You are receiving payment under a federal or state public assistance program, such as Aid to Families with Dependent Children, Supplemental Social Security Income, Food Stamps, or state general public

You and all co-signers have a medical condition that necessitates an extended leave of absence from work and can demonstrate that you do not have the assets to make payments on time.

Economic Hardship Forbearance may be granted based on income and family size.

Payment Plans are granted at the note holder's discretion for a few months as an alternative to regular monthly payments.

The payment plan begins on the date the eligible condition first existed, as determined by the loan holder. The payment plan ends on the date the eligible condition ends. You must continue making your regular monthly payments until a Reduced Payment Plan is approved. You will receive written notice of the approval or denial of this request, after it has been processed.

### **RETURN COMPLETED FORM TO:**

**University Accounting Service**  
4099 McEwen Road Suite 700 B  
Farmers Branch, TX 75244

Email: [uasconnect@tsico.com](mailto:uasconnect@tsico.com)

# BenefitRequest

BORROWER NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ ALTERNATE TELEPHONE NUMBER \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CO- BORROWER NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

I request **Reduced Payment Plan** for the following dates: \_\_\_\_\_

To be considered for this forbearance type, check the condition(s) that apply and attach the required documentation. In addition, provide documentation of monthly payments due on any other student loan(s).

Check all that apply:

☐ I am employed and experiencing financial difficulty. **(Provide documentation, such as copies of your pay stubs that indicate period and monthly gross income, or a copy of your most recent federal tax return.)**

☐ I have no income.

☐ I am self-employed. **(Provide a self-certifying statement of your projected monthly income from all sources, documentation of business, and a statement from your accountant certifying your involvement in the business.)**

☐ I am receiving federal or state public assistance, such as AFDC, SSI, food stamps, or general State public assistance. **documentation of this benefit, such as a statement of benefits from the organization.)**

☐ I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan. **(Attach documentation this benefit, such as a letter of approval from the loan servicer.)**

☐ I have a medical condition that necessitates an extended leave of absence from work. **(Both you and any co-borrower(s) must this criterion and provide statements from your doctors.)**

I certify that I am unable to make payments according to the present terms of my loans(s). I understand that this benefit will decrease my repayment period and increase my monthly payment amount.

I understand this request and all supporting documentation will remain the property of the lender and its agent. The note holder reserves the right to obtain a copy of my credit report. Additional debt incurred or preferential payments to other creditors could result in the denial or termination of my forbearance request.

I understand that should my situation, under which I applied for Forbearance, change I must immediately notify UAS. The above information is true and correct to the best of my knowledge. I understand that misrepresentation may lead to the denial of my request. I have read and understand and agree to the terms of this request.

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

## UAS Use Only

RPP: \_\_\_\_\_ # of months

Dates: \_\_\_\_\_ to \_\_\_\_\_

Form processed by \_\_\_\_\_

Date \_\_\_\_\_

**FINANCIAL STATEMENT: (Include check stubs, tax documents or any documentation that supports your request).**

**1. Marital Status:** (check one)

\_\_\_\_ Single                      \_\_\_\_\_ Widow(er)  
\_\_\_\_ Married                      \_\_\_\_\_ Divorced/Separated

**2. Dependents**

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Monthly Income:**

Gross Monthly Income \$ \_\_\_\_\_  
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	\$ _____	\$ _____
Bank Loans (list type):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Excluding this loan, provide information for all other educational loans. List by name and provide supporting documentation. (Include total loan amounts, loan balances and monthly payment amounts.)**

Original loan amount: _____	\$ _____	\$ _____
Original loan amount: _____	\$ _____	\$ _____
Original loan amount: _____	\$ _____	\$ _____
Other Outstanding Loans (personal)	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Insurance (Life, Health, Home)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Monthly Support Payments (if separated or divorced)	\$ _____	\$ _____
Other Expenses:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____
NET Total (Monthly Income minus Total Monthly Expense)	\$ _____	\$ _____

**Assets:**

Savings Account Balance (Bank Name) \_\_\_\_\_  
Checking Account Balance (Bank Name) \_\_\_\_\_ \$ \_\_\_\_\_