

DEFERMENT REQUEST

Blessing Educational Revolving Fund-Blessing Hospital dba Blessing-Rieman College of Nursing

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties, as determined by the Blessing Educational Revolving Fund Committee.

Section 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Name: Social Security Number: Date of Birth: Maiden Name: Address: City: State: Zip: Telephone (Home): Telephone (Other): Email Address:

Section 2: DEFERMENT REQUEST

Before answering any questions, carefully read the entire form, including the instructions and other information in Sections 5, and 6, and 7. YOU MUST HAVE AN AUTHORIZED OFFICIAL AT YOUR SCHOOL: COMPLETE SECTION 4

- I meet the qualifications for the deferment(s) checked below and request that the Blessing Educational Revolving Fund (BERF) defer repayment of my loan(s). [ ] While I am enrolled AT LEAST HALF-TIME (minimum 6 hours a semester) at an eligible school. [ ] I am on active military duty, and my unit has been activated for deployment outside of the country.

Section 3: BORROWER UNDERSTANDINGS AND CERTIFICATIONS

I understand that:

- [x] I am not required to make payments of loan principal and interest during my deferment.

[ ] I wish to make payments on my loan during my deferment.

- [x] My deferment will begin on the date the condition that qualifies me for a deferment began, as certified by the authorized official who completes Section 4 of this form. [x] My deferment will end on the earlier of the date that I no longer meet the condition that qualifies me for the deferment, or ending date of that condition as certified by the authorized official. [x] If my deferment does not cover all of my past due payments, my loan holder will not grant me a forbearance for all payments due before the begin date of my deferment or—if the period for which I am eligible for a deferment has ended—a forbearance for all payments due at the time of my deferment request is processed. [x] My loan holder may grant me a grace period (forbearance) on my loans for up to 90 days following the end of a deferment. Interest that accrues during the forbearance will not be capitalized.

I certify that:

- [x] The information I provided in Sections 1 and 2 is true and correct. [x] I will provide additional documentation to my loan holder, as required, to support my deferment status. [x] I will notify my loan holder immediately when the condition(s) that qualified me for the deferment ends. [x] I have read, understand, and meet the eligibility criteria of the deferment for which I have applied.

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

Section 4: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief that the borrower named above (check one):

\_\_\_\_\_ is/was enrolled as at least a half-time student (minimum of 6 hours per semester) during the academic period from \_\_\_\_\_ (date) \_\_\_\_\_ to \_\_\_\_\_ (date) \_\_\_\_\_, and is reasonably expected to complete his/her program requirements on \_\_\_\_\_ (date) \_\_\_\_\_.

\_\_\_\_\_ is on active military duty, and unit has been activated for deployment outside the country.

Name of Institution/Unit of Assignment \_\_\_\_\_ OPE-ID \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official/Commanding Officer \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Authorized Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Section 5: INSTRUCTIONS FOR COMPLETING THE FORM

## DEFERMENT REQUEST

### **Blessing Educational Revolving Fund-Blessing Hospital dba Blessing-Rieman College of Nursing**

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties, as determined by the Blessing Educational Revolving Fund Committee.

Type or print using dark ink. Report dates as MONTH-DAY-YEAR (MM-DD-YYYY). For example, "January 31, 2006" = "01-31-2006". An authorized official must either (A) complete section 4, or (B) attach the school's own certification listing the required information. If you need help completing this form, please contact the loan holder.

**Return the completed form and any required documentation to the address shown in Section 7.**

#### **Section 6: DEFINITIONS FOR DEFERMENT REQUEST**

- An **authorized certifying official** for a deferment is an official of the school where I am or was enrolled as a full-time or at least half-time student. For active military deployment, an authorized official is the commanding officer of the person from whom the request is presented.
- A **deferment** is a period during which I am entitled to postpone repayment of the principal balance of my loan. . Interest will not accrue during the deferment period of my loan.
- **Forbearance** means permitting the temporary cessation of payments, allowing an extension of time for making payments, or temporarily accepting smaller payments than previously scheduled. I am responsible for the interest that accrues on my loan during forbearance. If I do not pay the interest that accrues, the interest may be capitalized.
- The **holder** of my loan is the Blessing Educational Revolving Fund, Blessing-Hospital, dba Blessing-Rieman College of Nursing.

#### **Section 7: WHERE TO SEND THE COMPLETED DEFERMENT REQUEST**

Return the completed deferment request and any required documentation to:

**Blessing-Rieman College of Nursing & Health Sciences**  
**Student Accounts Office**  
**3607 N. Marx Drive**  
**Quincy, IL 62305**

Fax: 217-223-1781

Questions: 217-228-5520, ext 6996

#### **Section 8: ELIGIBILITY REQUIREMENTS**

- You may defer repayment of your loans –
  - (1) While you are enrolled at least half-time at an eligible school
  - (2) While you are on active military duty, and your unit has been activated for deployment outside of the country.

#### **Section 9: IMPORTANT NOTICES**

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 under the BERF Program, to permit the servicing of your loan, and, if it becomes necessary, to locate you and to collect and report on your loan if your loan becomes delinquent or in default. We also use your SSN as an account identifier.

**PLEASE RETAIN A COPY OF THIS FORM IN YOUR RECORDS**