



FINANCIAL STATEMENT/PROPOSAL

University of Oregon Student Loans Department

Please provide all information requested - Incomplete Forms Will Not Be Processed

Identification

Employment Information

Soc Sec / UO ID#: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Nation: _____

Driver's Lic #: _____ State: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Employer Name: _____

Position Held: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Employer Phone Number: _____

Date Employed: _____

Full or Part time? _____

Net Salary: _____ Per week: _____ Per month: _____

Average total hours worked per week: _____

PROVIDE VERIFICATION OF INCOME

Example: 2 months of pay stubs or your tax return

Spouse/Partner Information:

I am Requesting:

Single: _____ Widowed: _____ Separated: _____
Married: _____ Divorced: _____ Other: _____

Spouse's/ Partner Name: _____

Employer / Company: _____

Position Held: _____

Net Salary: _____ Per week: _____ Per month: _____

Date Employed: _____ Full time: _____ Part time: _____

- Unemployment Deferment
- Economic Hardship Deferment
- General Forbearance
- Loan Debt Burden Forbearance
- Alternate Repayment Arrangement
- Other: _____

Dependents and / or others living in your household:

1.) Age: _____ Name: _____ Relationship: _____

2.) Age: _____ Name: _____ Relationship: _____

3.) Age: _____ Name: _____ Relationship: _____

4.) Age: _____ Name: _____ Relationship: _____

Please Provide A Personal Reference:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____



Summary of Monthly Income and Expenses

Monthly Income		Monthly Expenses	
<i>Please Attach Verification of Income</i>		Mortgage	_____
Monthly Salary (Gross)	_____	Rent	_____
Monthly Salary (Net)	_____	Utilities (Electricity, Water, Gas)	_____
Spouse Income	_____	Telephone	_____
Income of others in household	_____	Child Care	_____
Unemployment Benefits	_____	Groceries	_____
Public Assistance Benefits	_____	Auto Loan	_____
Food Stamps	_____	Auto Insurance	_____
Worker's Compensation	_____	Gasoline	_____
Disability Benefits	_____	Out of pocket Health/Dental	_____
Social Security Benefits	_____	Credit Card (List type/payment):	_____
Parental Support	_____	_____	_____
Spousal Support	_____	_____	_____
Other resources on hand	_____	Installment Loan Payments	_____
_____	_____	Other Educational debt payments	_____
_____	_____	Other expenses (List type/payment):	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Monthly Income:	_____	Total Monthly Expenses:	_____

Financial Institution and Account Balance Information

Primary Financial Institution: _____	Mortgage Balance: _____
<input type="checkbox"/> Checking Balance _____	Credit Card Balances:
<input type="checkbox"/> Savings Balance _____	Type _____ Balance _____
<input type="checkbox"/> Other	Type _____ Balance _____
_____ Balance _____	Auto Loan Balance: _____
_____ Balance _____	Installment Loan Balance: _____
	Educational Loans Balance: _____

Repayment Proposal

Please outline your situation and your plans for repayment of your debts, and project when you will be able to bring this debt current: _____

Statement

Please complete, print and mail this form to: University of Oregon, Student Loans, PO Box 3237, Eugene, OR 97403. I agree to notify the University immediately of any changes in the information stated above. Phone: (541) 346-2223 Fax: (541) 346-6049. **I certify the above information is true and complete to the best of my knowledge.**

Signature: _____	Date: _____
-------------------------	--------------------