



**EASTERN VIRGINIA MEDICAL SCHOOL**  
**Office of Financial Aid**  
**Federal Perkins Loan**  
**Request for Economic Hardship Deferment**

To determine your eligibility for an Economic Hardship Deferment, please complete the following form and send the original to the Student Loan Officer along with a copy of your most recent pay stub, documentation of your outstanding Federal student loan debt (this can be obtained from your Stafford lender), and your previous year 1040 tax return (tax return only needed if this is your second or third application for the hardship).

NAME (Please Print) \_\_\_\_\_

HOUSEHOLD SIZE (Including Yourself) \_\_\_\_\_

PERIOD OF DEFERMENT \_\_\_\_\_

A. ANNUAL GROSS RESIDENT'S SALARY  
(Please include copy of pay stub) \_\_\_\_\_

B. MONTHLY INCOME  
(Divide A by 12) \_\_\_\_\_

C. TOTAL DOLLAR VALUE OF FEDERAL LOANS TO INCLUDE THE FOLLOWING  
(Subsidized Stafford, Unsubsidized Stafford, SLS, HEAL, Perkins, HPSL, PCL, LDS)  
\*As a general rule, C must equal \$69,000 to qualify for an Economic Hardship. If your total is less than that amount, you may not wish to continue. \_\_\_\_\_

D. MONTHLY PAYMENT FOR TOTAL DOLLAR VALUE OF FEDERAL LOANS @5% ASSUMING A 10-YEAR REPAYMENT PLAN  
(Student Loan Officer to complete) \_\_\_\_\_

E. REMAINING MONTHLY INCOME (B LESS D) \_\_\_\_\_

**AUTHORIZATION:**

Please utilize this information to determine my eligibility for an Economic Hardship Deferment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INSTITUTIONAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_