

HOWARD UNIVERSITY
STUDENT FINANCIAL SERVICES
MSC 590506
Washington, DC 20059

APPLICATION FOR TEMPORARY DEFERMENT
OF LOAN INSTALLMENTS

This form is designed to determine your ability to meet your current obligation with Howard University. It is important that you fill out all applicable items as completely as possible. It is in your best interest to be complete. If you require additional space, please use the back of this form to explain your circumstances.

If you have any questions regarding this form, please contact this office on 202-806-2570.

DO NOT FORGET TO SIGN AND DATE THE RELEASE ON THE BOTTOM OF THIS PAGE. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE.

RELEASE

I hereby authorize any person, including financial institutions, creditors, landlords and credit reporting agencies with knowledge or records of my personal finances, to provide such information to HOWARD UNIVERSITY or its authorized representatives, and I forever release such persons, HOWARD UNIVERSITY, and its authorized representatives from any and all liability arising out of the furnishing of such information. A photographic copy of this authorization shall be as valid as the original.

Date: _____

Signature: _____

Print Name: _____

Address: _____

Return form with:
Rent/Mortgage receipt
Source of Income
Payment

City, State, Zip Code: _____

I. PERSONAL DATA

Full Name _____

Address _____

City, State, Zip Code _____

Home Phone Number _____ Email:

Date of Birth _____ Social Security No:

II. EMPLOYMENT

Present Occupation _____

Employer's Name _____

Employers Address _____

City, State, Zip Code _____

Business Phone Number _____ Annual Salary

III. ASSETS

Bank Name and Address _____

Savings Account No. _____ Account Balance

Checking Account No. _____ Account Balance

Landlord/Mortgage Co. _____

Market Value of Home \$ _____ Mortgage Balance \$

Automobile(s): Make, Model and Year

1). _____

VII. ADDITIONAL COMMENTS

VIII. LIST FOUR (4) DIFFERENT REFERENCES AT DIFFERENT ADDRESSES.

Section A: Parent/Relative

Name _____

Address _____

Telephone No. _____ (Day) _____ (Evening)

Name _____

Address _____

Telephone No. _____ (Day) _____ (Evening)

Section B: Friends/Associates

Name _____

Address _____

Telephone No. _____ (Day) _____ (Evening)

Name _____

Address _____

Telephone No. _____ (Day) _____ (Evening)

If you have any questions about this form, please call (202) 806-2570