

**FORDHAM UNIVERSITY SCHOOL OF LAW
OFFICE OF FINANCIAL AID
33 WEST 60TH STREET
NEW YORK, NEW YORK 10023-7485
(212) 636-6815**

APPLICATION FOR DEFERMENT OF REVOLVING FUND LOAN REPAYMENTS

Applicant's Name _____ Revolving Loan Account No. _____

Address _____

Home Telephone Number _____ Year of Graduation _____ E-mail Address _____

Work Telephone Number _____ Marital Status _____ Spouse's Name _____

Dependent Children: Name _____ Age _____

Total Borrowed from the Law School's Revolving Loan Fund \$ _____

I hereby request deferment on repayment of my Law School Revolving Fund loan(s). I understand that deferments are granted for six month intervals and can be extended.

Period for which I am seeking deferment: From _____ To _____

Reason for seeking deferment: (check one)

	Unemployment
	Further Education (please attach a receipted tuition bill)
	Temporary Disability (please attach a description of the condition that affects your ability to pay this debt, as well as documentation from your physician to support your claim)
	Other (please state reason)

I understand that, during the deferment, interest will continue to accrue on the principal balance of my loans(s). **I may pay the interest that will accrue on a monthly basis during the deferment or I can pay the interest in a lump sum at the end of the deferment. If I do not opt to pay the interest monthly or at the end of the deferment, the interest will be capitalized, i.e., added to principal.** I agree to pay the interest that will accrue on the outstanding principal balance of my loan(s):

	On a monthly basis during the term of the deferment
	In a lump sum at the end of the deferment
	Over the life of the loan, i.e., capitalized

EMPLOYMENT DATA

Applicant:

Employer _____ Employment Commencement Date _____

Address _____

Telephone Number _____ Annual Salary _____

Spouse:

Employer _____ Employment Commencement Date _____

Address _____

Telephone Number _____ Annual Salary _____

Job Title _____

PROJECTED INCOME FOR CURRENT TAX YEAR

APPLICANT

SPOUSE

Total wages, salary, commissions & fees from all employment		
All other taxable income		
All other non-taxable income		
TOTAL		

GROSS ASSETS: (Current Value)

APPLICANT

SPOUSE

Savings and checking accounts		
Other intangible personal property		
Tangible personal property		
Real property		
TOTAL		

Kindly list below your monthly family expenditures for the following basic items:

- | | | |
|--------------------------|-----------------------------|------------------------------|
| _____ Rent/Mortgage | _____ Transportation | _____ Cable/Satellite TV |
| _____ Utilities | _____ Credit Cards | _____ Entertainment |
| _____ Insurance (include | _____ Other Charge Accounts | _____ Dry Cleaning |
| Medical, Life, Household | _____ Medical | _____ Extraordinary Expenses |
| & Automobile | _____ Food | not covered by insurance |
| _____ Car Payments | _____ Clothing | _____ Telephone |

Total Monthly Expenses _____

List all loan repayment obligation for both you and your spouse for the current year:

	Type of Loan	Current Balance	Amount of Monthly Payment	Total of Current Year Payments
APPLICANT				
SPOUSE				

This application must be accompanied by:

1. a signed photocopy of the applicant's and spouse's most recent Federal income tax return, including photocopies of all W-2 forms and all schedules to said return;
2. A photocopy of bills/receipts confirming extraordinary expenses.

Applications should be mailed to Fordham Law School, 8 Eastview Road, New Fairfield, CT. 06812, Attn.: K. Keenan.

All the information on this application is true and complete to the best of my knowledge.

Applicant's Signature

Date