Request for Economic Hardship

Name:_______________________________      Student ID#:_________________
Address:___________________________________________________________
City, State, Zip Code:__________________________________________________
Home Phone:____________     Cell Phone:____________    Work Phone:___________
Email Address:________________________________   Family Size(#):__________

I meet the qualifications for the Economic Hardship Deferment checked below and request deferment of my loan(s) beginning ___________________. (Maximum time limit is 36 months. Borrowers must reapply every 12 months.)

A. ___ I have been granted Economic Hardship Deferment under either the Federal Direct Loan Program or the Federal Family Loan Program for the same time period for which I request this deferment. I must provide documentation of the deferment; OR

B. ___ I am receiving payment under Federal or State Public Assistance, such as: Temporary Assistance to Needy Families, Supplemental Security Income, Food Stamps, or state general public assistance. I must provide documentation of these payments; OR

C. ___ I am working full-time and my total monthly gross income does not exceed $1256.67 per month, which is equal to someone earning minimum wage. I must provide evidence of my most recent total monthly gross income: your last two (2) pay stubs are required.

D. ____ I am working full-time and earning a total monthly gross income that does not exceed 150% of the poverty line. I must provide evidence of my most recent total monthly gross income; your last two (2) pay stubs are required.

My Monthly Gross Income is $_______________

a) Family of one                                                                                               $972.50
   b) Number of Dependents (if any)                             _________X $338.34 = $__________
   c) Total of a + b                                           =$__________
   d) 150% of the poverty line     Total from c  $___________X 1.5    = $__________

Residents of Alaska
a) Family of one                                                                                               $1,215.00
b) Number of Dependents (if any)                             _________X $423.34 = $__________
c) Total of a + b                                           =$__________
d) 150% of the poverty line     Total from c  $___________X 1.5    = $__________

Residents of Hawaii
a) Family of one                                                                                               $1,118.34
b) Number of Dependents (if any)                             _________X $389.17 = $__________
c) Total of a + b                                           =$__________
d) 150% of the poverty line     Total from c  $___________X 1.5    = $__________

Revision Date: 07/2014
E. ___ I am serving as a volunteer in the Peace Corps. Documentation from the Peace Corps verifying the period of service is required.

I understand this form will not be processed if the required documentation is not provided.

I certify that the above information and supporting documentation is true and correct.

Borrower Signature ________________________________ Date______________

Definitions:

• Total Monthly Gross Income (TMGI) is income from all sources before taxes and other deductions.
• Full-time Employment is defined as working at least 30 hours per week in a position expected to last at least three consecutive months.

Federal Minimum Wage effective January 1, 2014:

$7.25 per hour
Refer to poverty guidelines at: http://aspe.hhs.gov/poverty/

These are monthly figures that represent 150% of the Poverty Line for 2014:

<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>48 Contiguous State &amp; D.C.</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1458.75</td>
<td>$1822.50</td>
<td>$1677.51</td>
</tr>
<tr>
<td>2</td>
<td>$1966.25</td>
<td>$2457.51</td>
<td>$2261.25</td>
</tr>
<tr>
<td>3</td>
<td>$2473.75</td>
<td>$3092.51</td>
<td>$2845.51</td>
</tr>
<tr>
<td>4</td>
<td>$2981.25</td>
<td>$3727.51</td>
<td>$3428.75</td>
</tr>
</tbody>
</table>

For each additional person, add 338.34 423.34 389.17

Once complete return original form to:

University of the Pacific
Attention Student Loan Department
3601 Pacific Avenue
Stockton, CA 95211

If you have any questions please contact us at:

209-946-2446, or
studentloans@pacific.edu