Dear Borrower:

This letter is in reference to your student loan account(s).

We acknowledge your financial situation and your willingness to make alternate payment arrangements.

Since you are unable to remit the amount required to bring your account(s) current, you must apply to the Lending Institution for these arrangements. If you have received this type of benefit previously and your financial situation has not improved, you must apply for a renewal of your agreement.

Complete Parts I, II, and III. Be as thorough as possible. Provide ALL information and include supporting documentation as requested. THE TYPE OF BENEFIT GRANTED DEPENDS ON THE INFORMATION YOU PROVIDE AND WHEN YOUR LOANS WERE MADE. Your lender will notify you of its decision regarding alternate payment arrangements and will determine the length of such arrangements.

UAS will bill you according to the agreement established by your lender. Statements sent during the agreement may reflect a “temporary amount due” on the bottom portion. You will be billed the difference at the end of the agreement. The upper portion will reflect the amount due according to your original repayment schedule, including any past due amounts. This will help you monitor the status of your account(s).

For Federal loans, Lending Institutions may impose late charges on all past due amounts regardless of alternate payment arrangements. If these charges are appropriate to your situation, they will be included on future notices. If payments are not received in this office by the fifteenth (15th) of each month, you will receive past due notices that reflect all past due amounts based on your original repayment schedule. When making a payment, please include the bottom portion of the statement and write your account number on your check or make your payment online at www.uasecho.com (please note enrolling in this service will discontinue paper statements). YOUR LOAN(S) WILL CONTINUE TO BE REPORTED TO NATIONAL CREDIT BUREAU(S) IN THEIR APPROPRIATE STATUS.

Remember, if granted, all arrangements are temporary. They may be considered invalid if you do not follow the requirements made by the Lending Institution. Billing would resume at the regularly scheduled amount, including any applicable past due.

Sincerely,

UNIVERSITY ACCOUNTING SERVICE, LLC

WEBSITE: WWW.UASERVICE.COM
PAYMENT WEBSITE: WWW.UASECHO.COM
PO BOX 932, BROOKFIELD, WI 53008-0932
1-800-999-6227
PART I – MUST BE COMPLETED BY BORROWER

FINANCIAL STATEMENT

1. Marital Status: (check one)
   _____Single   _____Widow(er)
   _____Married   _____Divorced or Separated

2. Dependents:
<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
</tr>
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<tbody>
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</table>

3. Monthly Income:
   (Please provide written documentation supporting reported income)
   - Gross Monthly Income
   - Deductions
   - Net Monthly Income
   - Public Assistance and type:
   - Support Income (if separated or divorced)
   - Other Income and type:

   TOTAL MONTHLY INCOME

List all outstanding student loans by name/type and Lending Institution. Provide supporting documentation for all educational loans not owed to the Lending Institution to which you are submitting this application. Include the original total loan amounts, outstanding loan balances and monthly payment amounts. If a loan is currently deferred, provide the monthly payment amount as if it were not in deferment.

<table>
<thead>
<tr>
<th>Loan Name/Type</th>
<th>Lending Institution</th>
<th>Original Loan Amt.</th>
<th>Balance Outstanding</th>
<th>Monthly Payments</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Monthly Expenses:

- Mortgage/Rent
- Car Expenses
  - Loan
  - Gas, Oil, Insurance
- Bank Loans (list type):
  - $                    
  - $                    
  - $                    
  - $                    

- Other Outstanding Loans (personal)
- Credit Cards:
  - $                    
  - $                    
  - $                    
  - $                    

- Medical
- Utilities
- Telephone
- Insurance (Life, Health, Home)
- Food
- Monthly Support Payments (if separated or divorced)
- Other Expenses:
  - $                    
  - $                    
  - $                    
  - $                    

TOTAL MONTHLY EXPENSES

NET TOTAL (Monthly Income Minus Total Monthly Expense)

Assets:
- Savings Account Balance (Bank Name)  $        
- Checking Account Balance (Bank Name)  $        

FAF (7/10)
PART II – MUST BE COMPLETED BY BORROWER

4. Employment Information: Provide information for current or most recent employer.

Employer Name: ___________________________________________________________

Employer Address: _________________________________________________________

Employer Phone: ( ) __________________________ City State Zip

Full-time: ____  Part-time: ____  Date of hire: ____________  Date last worked: ____________

Number of hours worked per week: __________  Hourly Rate: __________  Salary: __________

Check all that apply
☐ I am employed and experiencing financial difficulty.  (Provide list of companies with whom you have interviewed.)
☐ I am seeking and unable to secure full-time employment.  (Provide registration documentation)
☐ I am receiving unemployment benefits.  (Provide official documentation of this benefit)
☐ I am not eligible to receive unemployment benefits.  (Provide supporting documentation of ineligibility)
☐ I have never been employed.

5. Other situations. Check all that apply: (Supporting documentation may include: check stubs, employer stubs, benefit verification on official letterhead, copy of Federal tax return)

☐ I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan.  (indicate dates of hardship period: ______________________________)  Attach official documentation of this benefit.

☐ I am receiving payment under federal or state public assistance.  (AFDC, SDI, SSI, Food Stamps, State-sponsored General Assistance, etc.)  Attach official supporting documentation.

6. Please describe the circumstances of your present financial situation.  (Attach a separate sheet of paper if additional space is needed)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. ☐ I will pay the interest due throughout any hardship or forbearance benefit granted, please bill me.  (On NSL, HPSL, PCL, LDS accounts, you are required to pay accrued interest during hardship or forbearance.)

☐ I am unable to pay the interest due throughout any hardship or forbearance benefit granted.  I will pay the interest after my hardship deferment or forbearance has ended.  (Federal Perkins and NFLP loans accrue interest that will be billed in a lump sum at the end of the hardship deferment or forbearance.)  (Private loans may provide for capitalizing interest during or after the forbearance period.  Review your promissory note for such provisions.)

8. MONTHLY PAYMENT ARRANGEMENT: If you feel you can make payments toward your account(s), complete this section.

Based on my financial situation, I am proposing to make payments in the amount of $____________.  Pending approval, if payment is not made, I understand that the Lending Institution may terminate this agreement if consecutive payments are not received.  Past-due notices will be sent if payment is not received by the fifteenth of each month.
<table>
<thead>
<tr>
<th><strong>NAME OF BORROWER:</strong></th>
<th><strong>ACCOUNT NUMBER(S):</strong></th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PERMANENT ADDRESS:</strong></th>
<th><strong>NAME OF LENDING INSTITUTION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check if new address</strong></td>
<td>(College/University from which loan originated)</td>
</tr>
<tr>
<td></td>
<td><strong>SOCIAL SECURITY NUMBER:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>E-MAIL ADDRESS</strong></th>
<th><strong>WORK PHONE NUMBER ( )</strong></th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HOME PHONE NUMBER ( )</strong></th>
<th><strong>CELL PHONE NUMBER ( )</strong></th>
</tr>
</thead>
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</table>

I understand that all information and supporting documents submitted will be held in strictest confidence and will not be subject to dissemination outside the requirements of the Lending Institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the Lending Institution based on my financial situation. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum repayment period.

I certify that all statements made are true and correct. I also certify that I will immediately notify the Lending Institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the Lending Institution to obtain pertinent information from applicable parties for verification purposes.

__________________________  __________________________
Borrower Signature  Date

(Failure to sign will result in form being returned.)

**Please forward completed form to:**
Student Loan Office
Walla Walla University
204 S College Ave
College Place, WA 99324
FAX (509) 527-2556
EMAIL loans@wallawalla.edu

**PART IV – TO BE COMPLETED BY THE LENDING INSTITUTION/UAS** – The Lending Institution should detach and send this page to UAS for processing. The Lending Institution official must send borrower verification of benefits granted or benefit denial.

<table>
<thead>
<tr>
<th><strong>Economic Deferment Granted (G)</strong></th>
<th><strong>Dates ________ to ________ # of months______</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unemployment Deferment Granted (U)</strong></td>
<td><strong>Code ______ Grace Period Ends ______</strong></td>
</tr>
<tr>
<td><strong>Hardship Deferment Granted (K or J) (circle one)</strong></td>
<td><strong>Amount $______</strong></td>
</tr>
<tr>
<td><strong>Forbearance Deferment Granted (H or B) (circle one)</strong></td>
<td><strong>Form approved by: ___________________________</strong></td>
</tr>
<tr>
<td><strong>MPA Granted (Auto or Full) (circle one)</strong></td>
<td><strong>Date approved: ___________________________</strong></td>
</tr>
<tr>
<td><strong>Benefit Denied</strong></td>
<td><strong>Form processed by: ___________________________</strong></td>
</tr>
<tr>
<td><strong>Letter Sent To Borrower</strong></td>
<td><strong>Date processed: ___________________________</strong></td>
</tr>
</tbody>
</table>