

Based on the terms of my promissory note, interest accrues while I am in school and I am required to make interest payments during this period. By completing this form I am requesting to be temporarily exempt from making my annual interest payment currently due because of a severe financial hardship.

Borrower Name _____

Date _____

Borrower Account # _____

Email Address _____

(List the same email address where you receive interest billing statements)

The required annual interest payment due will place me in a severe financial hardship. The details of this hardship are as follows:

I hereby certify that all information reported on this financial hardship form is true. I also certify that Georgia Student Finance Commission (GSFC): (a) may request additional supporting documentation for my financial hardship at any time; (b) a financial hardship does not release me of any financial obligations due, it allows me a onetime postponement of my current annual interest payment;(c) I understand that my interest will continue to accrue and will be added to my next interest payment billed;(d) I am responsible for the accrual of interest and the principal balance on my loan;(e) I must be enrolled at least half time in an eligible institution to apply for a financial hardship;(e) I understand that by completing this form I am not automatically granted a financial hardship and until I have been approved by GSFC I am responsible for my interest payment due.

Borrower Signature _____

Date _____

Financial Hardship Income Verification Worksheet

The Student Access Loan financial hardship income verification worksheet must be completed along with the Request for Financial Hardship to be considered for a Financial Hardship of your Student Access Loan annual interest payment.

Return completed form with applicable supporting documentation to GSFA via:

Secure Document Upload on Pathways2GSFA.org (click to upload the documents)

Mail: Georgia Student Finance Authority, 2082 East Exchange Place, Tucker, Georgia 30084

Fax: 770.724.9209

Borrower Name _____ Borrower Account # _____

I am not able to make my _____(year) annual interest payment on my Student Access Loan because I am experiencing a temporary financial hardship.

Income Verification Worksheet (complete and return)

INCOME:	
Salary	\$
Other:	\$
Total Income	\$
EXPENSES:	
Living/Housing:	
Rent/Mortgage	\$
Utilities	\$
Telephone	\$
Other:	\$
Other Expenses:	
Student Loan	\$
Credit Cards	\$
Other Loan Payments	\$
Car/Home Insurance	\$
Child Care	\$
Other	\$
Total Expenses:	\$
TOTAL INCOME MINUS TOTAL EXPENSES:	\$

I hereby certify that all information reported on this financial hardship income verification worksheet is true. I also certify that Georgia Student Finance Commission (GSFC) may request additional supporting documentation at any time. I understand that by completing this form with false information I may become ineligible to participate in future Student Access Loan funding programs.

Borrower Signature _____

Date _____

GSFC Official: _____

Date _____