

Application for a Temporary Repayment Arrangement STATEMENT OF FINANCIAL CONDITION FORM

Please Complete In Full -- Please Print

Name of Borrower: _____ Student ID# at MU: _____

I request a Temporary Repayment Arrangement (TRA) on my _____ Student loan(s). I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the University of Missouri-Columbia. I also understand that, if granted, this TRA is for no more than **6 months** duration. I understand that interest continues to accrue according to my promissory note(s). I also understand that the difference between the total of regular payments that would have been due without this TRA agreement and the total of the TRA payments actually made becomes due at the end of the TRA period.

1. Social Security Number: _____

2. Date of Birth: _____

3. Current address: _____

4. Current phone #: _____

5. Email address: _____

6. Marital Status: _____

7. Dependents:

Relationship	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Reason for requesting TRA: _____

9. Employer's name and address: _____

10. My work phone #: _____

11. I am receiving monthly public assistance in the amount of: \$ _____

12. My savings/CD account(s) balance is: \$ _____

13. My checking account balance is: \$ _____

14. My net monthly income is: \$ _____

15. Spouse's net monthly income is: \$ _____

16. If separated or divorced, monthly support income is: \$ _____

17. Total other income: _____

(Please itemize on back of form) \$ _____

18. My monthly expenses are:

Rent or Mortgage (Circle one) \$ _____

Utilities \$ _____

Food \$ _____

Car \$ _____

Other \$ _____

TOTAL \$ _____

19. I have other outstanding liabilities not listed above totaling: _____

(Please itemize on back of form) \$ _____

20. I can pay \$ _____/month on my loans(s) held by MU for the next 6 months. (This payment amount must be greater than the amount of interest accruing each month.)

Please use the back of this form to convey any circumstances not covered above that you feel have an impact on your request for a TRA.

I CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I WILL IMMEDIATELY NOTIFY YOUR OFFICE OF ANY CHANGE IN MY EMPLOYMENT STATUS OR SIGNIFICANT CHANGE IN MY FINANCIAL CONDITION. I UNDERSTAND THAT THE UNIVERSITY OF MISSOURI HAS THE RIGHT TO DENY MY REQUEST FOR TRA OR REQUIRE A HIGHER MONTHLY TRA PAYMENT.

Signature

Date

RETURN THIS FORM TO: University of Missouri-Columbia
Student Loan Collections
15 Jesse Hall
Columbia, Missouri 65211-1020

***** REMEMBER TO INCLUDE 1. A COPY OF YOUR LATEST TAX RETURN *****
2. COPIES OF YOUR LAST TWO PAYCHECK STUBS