

**OCCIDENTAL COLLEGE
STUDENT BUSINESS SERVICES
ECONOMIC HARDSHIP REQUEST**

NAME: _____

ADDRESS: _____

PHONE: _____

SSN: _____

Dates for Deferment: _____
(maximum 6 month period)

Please explain why you are requesting temporary postponement of payments:

**INCOME INFORMATION
(DOCUMENTATION REQUIRED)**

MONTHLY AMOUNT

Monthly employment income (SELF) \$ _____

Monthly employment income (SPOUSE) \$ _____

Monthly unemployment benefits (SELF) \$ _____

Monthly unemployment benefits (SPOUSE) \$ _____

Monthly public assistance (SELF) \$ _____

Monthly public assistance (SPOUSE) \$ _____

Other income sources:

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY INCOME \$ _____

I declare that the information shown above is true and accurate. I further declare that I will notify my lender or billing service, ACS, Inc., immediately upon change in my status.

SIGNATURE _____ **DATE** _____