

PAYMENT REDUCTION

APPLICATION

Part I: To be completed by the Borrower

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

I request a reduction of my Perkins student loan repayments. I understand the minimum acceptable monthly payment is \$40 and such reductions are usually approved for no more than six months.

Reason _____

Please reduce my monthly payment to \$_____ per month.

I will be able to resume regular payments on _____
(mm/dd/yyyy)

My daytime telephone number is _____

Date _____ Signed _____