

**EASTERN OREGON UNIVERSITY - PERKINS LOAN PROGRAM
PROVIDER OF SERVICE TO LOW-INCOME HIGH RISK CHILDREN/FAMILIES
DEFERMENT/CANCELATION REQUEST**

See Information and Directions on the back. This form must be signed by an official in the agency to certify the borrower's service.

PART I -- TO BE COMPLETED BY THE BORROWER

Name _____ Acct. # _____ Email _____

Address _____
Street city state zip telephone number / work number

COMPLETE THIS SECTION IF YOU WILL BE EMPLOYED FULL-TIME FOR THE UPCOMING YEAR

Employer: _____ Job Title _____

Period of deferment: from _____ to _____
month/day/year month/day/year

**IMPORTANT: YOU MUST ATTACH
AN EMPLOYER CERTIFIED JOB
DESCRIPTION**

I claim exemption from payment of principal and interest on my Perkins Loan during the period indicated above due to my employment as a provider of services to low-income high risk children/families. *I agree to notify the lending institution immediately upon termination of my employment.*

Signature _____ Date _____

COMPLETE THIS SECTION IF YOU HAVE COMPLETED A YEAR OF SERVICE IN PUBLIC PR PRIVATE NON-PROFIT FAMILY SERVICE AGENCY

I was employed full time as a provider pf services to low-income high risk children/families and am requesting cancellation of my loan for a one year period

from _____ to _____ Employer: _____
month/day/year month/day/year

Job Title _____

Signature _____ Date _____

**If you have not already submitted an
employer certified job description for
this job, you must do so with this form.**

PART II - TO BE COMPLETED BY THE CERTIFYING AUTHORITY

I certify that the information in Part I is true and correct.

OFFICIAL SEAL OR STAMP
(If none, include signed letter of certification.)

Signature & Title Date

Print Name & Title of Certifier

Name of Organization

Address (city/state/zip) Telephone number

RETURN COMPLETED FORM TO: EOU ● One University Blvd. ● Inlow Hall Rm-119 ● La Grande, OR 97850

PART III -- TO BE COMPLETED BY THE LENDING INSTITUTION

Principal canceled \$ _____

Principal balance due after this transaction \$ _____

Signature and Title of Approving Official Date

INFORMATION AND DIRECTIONS

This form will not be processed if: ___ borrower's name is missing ___ dates are missing or incorrect
___ Acct. No. is not listed ___ it is not certified

Payments for periods before the borrower qualifies for deferment/cancellation can not be canceled or deferred.
No payment made during a period for which a borrower qualified for a cancellation may be refunded unless the borrower made the payment because of the school's error.

DEFERMENT: The borrower must have a position that qualifies for cancellation in order to defer payments. The below qualification check list must be completed and signed by the certifying representative of the employing agency. A job description, showing that the position is one that meets the criteria listed below, must be provided the first time the borrower files or if there has been a material change in duties. During deferment payments do not accrue. Near the end of the deferment period an information notice stating when the deferment is sent. A form to file for cancellation for the current year, and deferment for the next year, is also sent.

CANCELLATION: Cancellation rates are: 15% of the principal for each of the first and second years; 20% of the principal for each of the third and fourth years; 30% of the principal for the fifth year.

If you qualify for both, you may use this form for one year's cancellation and the next year's postponement. Make sure to get the correct dates in each section.

When the cancellation has been processed a copy will be sent to the borrower for his or her records.

This cancellation benefit was a provision of all loans made on or after July 23, 1992; the Higher Education Act of 1998 extended it to all other loans for work performed on or after October 7, 1998:

Information from The Federal student Financial Aid Handbook:

Schools must cancel up to 100% of a Perkins Loan if the borrower has served full time as an employee of an eligible public or private nonprofit child or family service agency and has provided or supervised the provision of services to both **high-risk children** who are from **low-income communities** and the families of such children. The services provided to adults must be secondary to the services provided to the high risk children.

CRITERIA CHECK LIST: Note: The Department of Education has determined that an elementary or secondary school system or a is not an eligible employing agency for this cancellation benefit.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1) | <input type="checkbox"/> | <input type="checkbox"/> | Is this organization a public or private non-profit child or service agency?
Indicate which: _____ |
| 2) | <input type="checkbox"/> | <input type="checkbox"/> | Is the employee a full-time employee? If yes, when did full-time employment begin? _____ |
| 3) | <input type="checkbox"/> | <input type="checkbox"/> | Is your employee providing, or supervising the provision of, services to high-risk children and their families who are from low income communities? (Low income communities are those in which there is a high concentration of children eligible to be counted under Title I of the Elementary and Secondary Education Act of 1965, as amended.) |
| 4) | <input type="checkbox"/> | <input type="checkbox"/> | Are the high-risk children served individuals under the age of 21, who are low income and at risk of abuse or neglect, have been abused or neglected, have serious emotional, mental, or behavioral disturbances, reside in placements outside their homes, or are involved in the juvenile justice system? |
| 5) | <input type="checkbox"/> | <input type="checkbox"/> | Are all adult clients the employee works with the family members of the high-risk children? |
| 6) | | | What is your employee's job title? _____ |

Certifier's initials: _____

Remember to complete the certification on the front of the form and attaché a job description if this is the first time the employee is filing in this position or if there has been a material change in his/her duties.