

Request for Perkins Deferment and/or Cancellation
Provider of Early Intervention Services or Provider at Family Service Agency

SECTION 1: BORROWER IDENTIFICATION

Last Name: _____ First Name: _____ MI: _____
Student ID number or last 4 digits of Social Security number: _____
Current mailing address: _____
City: _____ State: _____ Zip: _____
Phone number: () - _____
Email address: _____
Lender/school name: _____
School code: _____

SECTION 2: INFORMATION

A cancellation/deferment may be available if you are employed full-time as a:

- Provider of early intervention services to infants and toddlers (birth to age two) with disabilities in a public or non-profit program.
- Provider of services to high-risk children. High-risk children are defined as children under age 21 who are low-income; at risk of abuse or neglect; have been abused or neglected; have serious emotional, mental, or emotional behavioral disturbances; reside in placements outside of their homes; or are involved in the juvenile judicial system. The place of employment must be a public or non-profit child or family service agency and the services provided to adults must be secondary to services provided to high-risk children.

A deferment is a temporary postponement of payments. During a deferment, interest does not accrue. If you are working in a position which you believe will qualify you for a cancellation, you may request a deferment at the beginning of employment to suspend billing and defer payments of principal and interest.

A cancellation is "loan forgiveness." Following a year of service in one of the roles listed above, a portion of your Perkins loan balance may be cancelled. Cancellation rates are as follows:

1 st year of service:	15%
2 nd year of service:	15%
3 rd year of service:	20%
4 th year of service:	20%
5 th year of service:	30%

For qualifying early intervention and child service cancellations, a deferment should be requested prior to the first year of service. After that, request a cancellation and deferment each year on the anniversary of your original deferment.

Early intervention and child services cancellations require an employer-certified job duties description.



SECTION 3: APPLICANT STATEMENT

I am/was employed full-time as:

A provider of early intervention services to infants and toddlers with disabilities in a public or non-profit program.
Provider of services to high-risk children at a public or non-profit child or family service agency.

Start date of employment: / / . Are you still employed? Yes No

If no, end date of employment: / / . NOTE: *Employment dates must equal one year*

I am requesting:

Deferment from / / to / / as I anticipate completing one full year of service.

Cancellation from / / to / / as I have completed one full year of service.

SECTION 4: EMPLOYER CERTIFICATION

This section must be completed by your employer.

Company Name:

Name of Authorized Official:

Telephone Number: () -

Title of Authorized Official:

Address:

City:

State:

Zip:

Authorized Official Signature:

Date: / /

**PLACE OFFICIAL SEAL OR STAMP HERE
(NOTARY SEAL NOT ACCEPTABLE)**

NOTE: If an employer does not have an official stamp or seal, please attach a typed and signed letterhead certification by the employer verifying full-time employment and hire date.



SECTION 5: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my deferment/cancellation eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued deferment/cancellation status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this deferment/cancellation end; (4) I have read, understand, and meet the terms and conditions of the deferment/cancellation for which I have applied.

Signature: _____

Date: / /

SECTION 6: INSTRUCTIONS

Please forward completed form and requested supporting documents to:

Heartland ECSI
P.O. Box 1278
Wexford, PA 15090

If you have any questions, please visit us at <https://heartland.ecsi.net> or call us toll-free at 888.549.3274.

Before sending your application, verify that:

The form is filled out completely. All sections are required.

An official stamp or seal is on the form. If no stamp or seal is available, a typed and signed letterhead certification by the employer verifying full-time employment and hire date of employment must be submitted.

An employer-certified job duties description is included.

NOTE: Applications are typically processed within 10 business days. You will be notified of the status of your deferment/cancellation via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a deferment/cancellation has been posted.

