

Request for Reduced Payments

Borrower Name: _____

Account Number: _____

Address: _____
 Street (Apt No.) City State Zip

Email address: _____

Daytime phone no. _____ **Alternate phone no.** _____

Section 1:

_____ **I request a temporary reduction of my monthly loan payment.** Based on my financial situation, I will make monthly payments in the amount of \$_____ (must be at least \$20.00 per month, or an amount equal to the monthly interest accrual plus \$5.00) for a period of _____ months (up to six months). **If approved, I agree to pay this amount each month as a condition of this agreement, and if two payments are missed, my agreement will be terminated by the Kansas University Endowment Association, and the original terms of my loan will be reinstated. I also understand (in accordance with the original promissory note) I may incur additional collection costs (as allowed by federal and state laws) if I default on my loan payments.**

Section 2 - Income and Expenses:

Monthly Income:

- _____ Gross Wages
(please include spouse)
- _____ Public Assistance
- _____ Unemployment
- _____ Child Support
- _____ Other Income
- _____ Workmen Comp

- _____ TOTAL

Monthly Expenses:

- _____ Housing
- _____ Automobile
- _____ Household Expenses
- _____ Other Loans
- _____ Other Expenses

- _____ TOTAL

Section 3 - Borrower Certification:

I certify that all statements made are true and correct. I also certify that I will immediately notify Kansas University Endowment Association of any change in my financial situation. I authorize a representative of the Kansas University Endowment Association to obtain from my applicable parties' pertinent information in order to verify this application. I am responsible for continuing to make my regular fixed monthly payment amount until this form is approved. If this form is incomplete it will be returned to me.

Signature _____ Date _____

Please return form to: Kansas University Endowment Association
 P.O. Box 1817
 Lawrence, KS 66044-8817
Or you may fax to: (785) 832-7495