

**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 <sup>st</sup> year of service:	15%
2 <sup>nd</sup> year of service:	15%
3 <sup>rd</sup> year of service:	20%
4 <sup>th</sup> year of service:	20%
5 <sup>th</sup> 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:

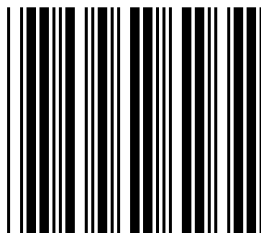
Authorized Official Signature:

Date:     /     /

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**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.

