



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

Return Completed Forms to:
University Accounting Service
PO Box 932
Brookfield, WI 53008
Tel: 844-870-8701 | Fax: 866-543-6814
Email: uasconnect@tsico.com Website: <https://www.uasconnect.com/>

HOMAN LOAN DEFERMENT FORM

ONLY FOR HOMAN LOANS DISBURSED ON OR AFTER November 9, 2017

SECTION 1: BORROWER IDENTIFICATION

Please print the following information:

Name: _____ Last four digits of SSN: _____
Address: _____
City, State, Zip: _____
Phone Primary: _____ Phone Other: _____
E-mail Address: _____
UAS Loan Account Numbers (s): _____

SECTION 2: DEFERMENT REQUEST

- I meet the qualifications for the deferment checked below and request that NYMC defer repayment of my Homan Loan.
- I am serving an eligible FELLOWSHIP / RESIDENCY at _____
(Please complete section 3 and have section 4 certified)

SECTION 3: BORROWER CERTIFICATIONS

- I understand that: (1) I am not required to make payments while my loan is in an approved deferment. (2) My deferment will begin on the dates as certified by the authorized official who completes Section 4 of this form. (3) My deferment will end on the date that I no longer meet the condition that qualifies me for the deferment, or the ending date of that condition as certified by the authorized official. (4) This benefit is to be granted to me for no more than 12 months at a time. I am responsible for applying annually for this benefit. (5) I am not eligible for deferment benefits if my loan is past due.
- I certify that: (1) The information I provided in Sections 1 and 2 is true and correct. (2) I will provide additional documentation to UAS as required, to support my deferment status. (3) I will notify NYMC immediately if the condition (s) that qualified me for the deferment ends. (4) I will notify NYMC of any change in my name, address, and/or phone number. (5) I authorize a representative of UAS to obtain pertinent information from applicable parties for verification purposes.

Borrower Signature

Date

SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION (for Residency/Fellowship deferment)

NOTE: As an alternative to completing this section, an authorized official may attach an enrollment verification form

I certify, to the best of my knowledge and belief, that _____
(name of resident/fellow)
is engaged in his/her residency/fellowship from _____ to _____

Name of Institution: _____

Address: _____ City, State, Zip: _____

Name/Title of Authorized Official: _____

Phone: _____

Authorized Official's Signature: _____

Date: _____



Official Stamp or Seal

SECTION 5: REGISTRAR CERTIFICATION (for school deferment)

NOTE: As an alternative to completing this section, the school may attach it's own enrollment verification form

I certify, to the best of my knowledge and belief, that _____
(name of student)
is/was enrolled as a full-time student during the academic period _____ to _____

Anticipated Graduation date: _____

Name of Institution _____ OPE-ID: _____

Address: _____ City, State, Zip: _____

Name/Title of Authorized Official: _____

Phone: _____

Authorized Signature: _____

Date: _____



Official Stamp or Seal

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