



# Aerospace Loan Program Request for Deferment of Payment

## Recipient Information

Last Name (Legal) \_\_\_\_\_

First Name \_\_\_\_\_

Area Code/Telephone \_\_\_\_\_

Email \_\_\_\_\_

## Type of Request

## Documentation Required

**Medical – Self**

Letter from your doctor should include: 1) the date you became totally temporarily disabled, 2) the expected date you will be able to return to work, and 3) doctor's name, phone number, and clinic address.

**Medical – Dependent**

Letter from the dependent's doctor should include: 1) dependent's name, 2) date the dependent became totally temporarily disabled, 3) reason for 24-hour care, 4) expected date you will no longer be expected to provide 24-hour care, and 5) doctor's name, phone number, and clinic address.

**Financial Hardship**

Contact our office to discuss on an individual basis.

**Conscientiously Seeking Employment** but unable to find work. See note.\*

1. Must resubmit deferment request every 6 months.
2. Complete a minimum of three job searches per week, every week.
3. Submit job search documentation monthly.
4. Must submit documentation from the previous month to WSAC by the 15th of the following month. For example, job search documentation for January must be submitted no later than February 15.
5. Documentation must show: 1) employer/organization contacted, 2) date of contact, 3) contact name, 4) how the contact was made (sent email, submitted application by mail/online/in person), and 5) result of contact.
6. Phone calls will not be accepted as job search documentation.

\*You are encouraged to contact the Washington Aerospace Research and Training Center (WATRC) for employment assistance. Drop by, or call 425-347-8928 to make an appointment. WATRC will provide employment resources such as resume writing, interview techniques, and job search assistance.

## Agreements and Signature

- I request exemption from payment on my Aerospace Loan due to the status indicated above.
- I agree to notify the Aerospace Loan Program upon the termination of my claimed status.
- I agree to provide documentation as required and requested by the program to support my continued deferment status.
- I hereby certify under penalty of perjury that the information stated above is true and correct.

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Signature

Date

**Mail, email, or fax completed form and required documentation to:**

WSAC/ALP, PO Box 43430, Olympia, WA 98504-3430

Fax: 866-381-1094

Questions? Contact: [alp@wsac.wa.gov](mailto:alp@wsac.wa.gov) or 1-888-535-0747 (Option 5)