

Request for Forbearance

Complete Form and Return to:

Borrower's SSN:		
Borrower's Name:		
Address:		
City:	State:	Zip Code:
Work Telephone:		
Home Telephone:		
Email Address (optional):		

Lender / Lender's Servicer:		
Address:		
City:	State:	Zip Code:
Telephone:		
Fax:		
Email Address (optional):		

Dear Borrower: If you are experiencing financial problems and are having difficulty making your student loan payments, your lender may be able to grant you temporary relief through forbearance. Please complete this form and send it to the lender or lender servicer listed in the top right hand corner.

Forbearance allows you to temporarily postpone or reduce your loan payments. However, you continue to remain responsible for the interest that accrues on your loan(s) throughout the forbearance period. You may pay the interest monthly or quarterly as it accrues or, if not paid, you agree that the interest will be capitalized (added to your principal) at the end of the forbearance period. Capitalizing interest increases the amount you will pay back, and may result in a higher amount after the forbearance has ended.

IF YOU ARE PAST DUE ON YOUR PAYMENTS, IT IS ESPECIALLY IMPORTANT THAT YOU RETURN THIS FORM TO YOUR LENDER IMMEDIATELY. Collection activities will continue until your lender or lender servicer has received and granted you the forbearance. In addition, if your payments become seriously past due, your delinquency will be reported to a national credit bureau.

AGREEMENT

I fully intend to repay my student loans(s). However, I am temporarily experiencing financial hardship and have difficulty making monthly payments as required by my repayment schedule because:

I request that my lender or lender servicer apply forbearance to my account for a 12-month period unless otherwise noted below.

- I prefer a shorter forbearance period with repayment of my loan(s) resuming on (specify month and year) _____ / _____ MM / YY

I also request the forbearance cover any amount past due on my loan(s) at the time the forbearance is processed. My forbearance request may not exceed 12 months or my remaining eligibility. I understand that all outstanding interest will be capitalized and may affect my repayment terms. I agree to the terms of this forbearance and agree to repay my loan(s) upon the expiration of this forbearance and in accordance with the terms of my promissory note. The information in this request is true and exact.

Borrower's Signature:	Date:
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SECTION TO BE COMPLETED BY LENDER OR LENDER SERVICER	
<input type="checkbox"/> Approved From _____ to _____	
<input type="checkbox"/> Denied: Reason _____	
<input type="checkbox"/> By _____ Date _____	