

# APPLICATION FOR FORBEARANCE

(You must fill out **both** sides of this form)

Name: \_\_\_\_\_ Account Number(s) \_\_\_\_\_  
Address: \_\_\_\_\_  check if new \_\_\_\_\_  
\_\_\_\_\_ address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ (home) \_\_\_\_\_  
\_\_\_\_\_ (work) Social Security Number \_\_\_\_\_  
\_\_\_\_\_ (cell) \_\_\_\_\_

I request forbearance of my student loan(s) payments, beginning \_\_\_\_\_ and ending \_\_\_\_\_. I meet the qualification(s) I have checked below, and I have attached the required documentation. I understand that I must pay the interest that continues to accrue during this period of forbearance, and that the maximum benefit is three years, which will be granted to me in periods of not more than six months at a time.

## **REASON FOR FORBEARANCE:** (Check one)

Poor health/prolonged illness, starting \_\_\_/\_\_\_/\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_. Attach explanation of how your health affects your ability to pay this loan(s). **PROVIDE PHYSICIAN STATEMENT OF DIAGNOSIS AND SUBMIT WITH THIS APPLICATION.** Complete the **Income & Expense Summary** on reverse side.

The total amount of payments I must make on all my Title IV federal education loans is 20% or more of my total monthly **gross** income. To determine your eligibility for forbearance of payments under this provision, provide the following:

Total monthly **gross** income (the gross amount you receive from employment and other sources before taxes and other deductions):  
\$ \_\_\_\_\_ (**ATTACH A COPY OF YOUR MOST RECENT PAY STATEMENT**); **AND**

Total monthly payments on federal education loans. List below, or on a separate sheet, each federal loan **lender** (school/financial institution), **type** of Title IV federal loan (Perkins/NDSL, Stafford, Direct, Consolidation loan, etc.), the amount you borrowed, and the **amount** of monthly payment for each one. **ATTACH COPY OF MONTHLY BILL FOR EACH LOAN.**

Lender:	Type of Loan:	Amount Borrowed	Monthly Payment
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____

Other reason. Please attach a description of the condition(s) that affects your ability to pay this loan(s), as well as documentation to support your claim.

## **FORM OF FORBEARANCE** (Select one option):

Temporarily stop making payments during the period I have indicated above. I am aware that interest will continue to accrue, and I wish to pay this interest:

in a lump sum at the end of the forbearance period; or

as it accrues. If I choose this option, I will be billed for accrued interest each month or quarter.\*

\*If you have an HPSL, NSL, LDS or PCL loan, you are required to make interest payments during the period of forbearance.

Temporarily reducing the amount of my payments from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per \_\_\_\_\_ (month or quarter) during the period I have indicated above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to: Campus Partners, P.O. Box 2901, Winston-Salem, NC 27102-2901 or Fax: 336-607-2093**

## INCOME & EXPENSES SUMMARY

The following information is requested to determine your eligibility for hardship/unemployment deferment, forbearance, or a revision of your repayment schedule. The information you provide will remain confidential, however, we reserve the right to use this information if collection efforts become necessary. We also reserve the right to use a credit report to verify the information you provide.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (home)  
                  \_\_\_\_\_ (work)  
                  \_\_\_\_\_ (cell)

Account Number(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### 1. Marital Status:

- Single
- Married
- Widow(er)
- Separated/Divorced

### 2. Number of Dependents: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
                  \_\_\_\_\_                    \_\_\_\_\_  
                  \_\_\_\_\_                    \_\_\_\_\_  
                  \_\_\_\_\_                    \_\_\_\_\_

### 3. Monthly Income from ALL Sources\*:

Gross Monthly Salary/Wages     \$ \_\_\_\_\_  
Child Support                     \$ \_\_\_\_\_  
Alimony/Support                 \$ \_\_\_\_\_  
Unemployment                    \$ \_\_\_\_\_  
Public Assistance                 \$ \_\_\_\_\_  
Social Security/Veteran         \$ \_\_\_\_\_  
Stocks, Bonds & Investments     \$ \_\_\_\_\_  
Other: \_\_\_\_\_                 \$ \_\_\_\_\_  
**Total Monthly Income:**         \$ \_\_\_\_\_

4. Checking Account Balance:     \$ \_\_\_\_\_

5. Savings Account Balance:     \$ \_\_\_\_\_

### 6. Monthly Expenses\*:

Rent/Mortgage:                    \$ \_\_\_\_\_  
Utilities:                         \$ \_\_\_\_\_  
Child Care:                        \$ \_\_\_\_\_  
Car Payments:                     \$ \_\_\_\_\_  
Other Vehicle(s)                  \$ \_\_\_\_\_  
Public Transportation:            \$ \_\_\_\_\_  
Insurance:                         \$ \_\_\_\_\_  
Telephone:                         \$ \_\_\_\_\_  
Cellular Phone/Pager:            \$ \_\_\_\_\_  
Food:                                \$ \_\_\_\_\_  
Credit Card(s)                    \$ \_\_\_\_\_  
Other Charge Accounts:          \$ \_\_\_\_\_  
Medical:                            \$ \_\_\_\_\_  
Cable/Satellite TV:              \$ \_\_\_\_\_  
Entertainment:                    \$ \_\_\_\_\_  
Clothing:                          \$ \_\_\_\_\_  
Dry Cleaning:                      \$ \_\_\_\_\_  
Cleaning/Yard Service:            \$ \_\_\_\_\_  
Other: \_\_\_\_\_                 \$ \_\_\_\_\_  
                  \_\_\_\_\_                 \$ \_\_\_\_\_  
                  \_\_\_\_\_                 \$ \_\_\_\_\_  
**Total Monthly Expenses:**         \$ \_\_\_\_\_

**\*Attach documentation that supports all sources of monthly income entered in number 3 and include billing invoices to support all monthly expenses entered in number 6.**