

**CAMPUS PARTNERS
FORBEARANCE REQUEST**



READ BEFORE COMPLETING FORM. ALL BLOCKS MUST BE COMPLETED OR INDICATED "N/A" IF NOT APPLICABLE. INCOMPLETE ITEMS WILL BE CAUSE FOR REJECTION.

If you are experiencing financial difficulties which prevent you from making timely payments on your loan(s), you may be eligible for a forbearance arrangement. Forbearance is granted at the lender's option. The following option is provided as an alternative to regular monthly payments for borrowers. This option is available for six (6) month periods per request and can be renewed upon submission of a new form. This option is available for an aggregate period of 12 or 24 months depending upon your loan program. Accrued and unpaid interest will be included in the repayment schedule once the forbearance period has ended. If your account is delinquent, the forbearance to cover the delinquent period will be included in the six (6) month forbearance request.

BORROWER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Return Completed Form To:
Campus Partners
P.O. Box 1830
Winston-Salem, NC 27102-1830
1-800-315-4950
Fax: 336-607-2093

TELEPHONE (DAY) (____) _____ TELEPHONE (EVENING) (____) _____
ACCOUNT NUMBER or SOCIAL SECURITY NUMBER _____

Do You () Rent () Own
If renting, Landlord's Name _____ Telephone Number (____) _____

BORROWER FINANCIAL DATA

EMPLOYER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
NET MONTHLY SALARY \$ _____ OTHER INCOME \$ _____
SOURCE OF OTHER INCOME _____

REASON FOR REQUEST

Unemployment Illness Other (Describe) _____

FORBEARANCE REQUESTED FROM ___/___/___ **TO** ___/___/___
MM DD YY MM DD YY

If you have previously applied and been approved for six (6) months of forbearance, you must submit the following additional documentation: 1040 tax return (most recent year), W-2 form(s) (most recent year); and detail list of revenues and expenses. If this information is not included with your request for an additional six (6) months of forbearance the request may be denied.

I certify that I am unable to make payments according to the present term of my loan. I further understand that any unpaid interest will be added to my outstanding balance at the end of the forbearance period. My monthly payments will be calculated at the end of the forbearance based on the then principal balance including any accrued and unpaid interest. I understand that should my situation under which I applied for forbearance change, I must notify Campus Partners.

The information is true and correct to the best of my knowledge.

BORROWER'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Interest-only Payments Accrued Interest & Capitalize

Date Received _____ Examiner _____ Approved Denied

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: _____ Account Number(s): _____
Address: _____
Telephone: _____ (home) Date of Birth: _____
_____ (work) 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 \$ _____
Spouse's 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 a copy of your most recent income tax return AND documentation to substantiate all income and expense entries.
inc & exp sum (7-98)