

NURSE FACULTY LOAN FORBEARANCE REQUEST FORM

Borrower Name:	Account Number:
Street Address:	Social Security Number:
City/State/Zip:	Institution that granted this loan:
Email Address:	Telephone Number: ()

If poor health or your present financial situation makes paying your Nurse Faculty Loan Program (NFLP) loan a financial hardship, we may be able to grant you a forbearance of your NFLP loan. Principal payments are delayed during forbearance; however, interest will continue to accrue. You may pay the interest as it accrues or allow it to be added to your outstanding principal balance (capitalized) when the forbearance period ends. You must complete this entire form and show due financial hardship before we can grant you a forbearance of your loan. Read this form carefully before signing it. When we receive your request, we will review it immediately and will notify you of our decision. You must continue making your regular monthly payments until your forbearance request is approved. **IF YOU ARE PAST DUE ON YOUR PAYMENTS, IT IS ESPECIALLY IMPORTANT THAT YOU RETURN THIS FORM TO US SOON.** Collection activities will continue until we have received and approve this form; late notices will be sent, phone calls will be made, and if your payments become seriously past due, the delinquency may be reported to a National Credit Bureau.

If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to the lending institution which granted your loan. You must provide the reason for your financial hardship before we can grant a forbearance of your loan. Contact your lending institution if you have any questions.

BORROWER FINANCIAL DATA

Employer Name	Address	City/State/Zip	
Years Employed	Net Monthly Salary	Other Income	Source of Other Income

Monthly Expenses:

RENT/MORTGAGE: _____ UTILITIES: _____ FOOD: _____ OTHER: _____

Creditor's Information:

Name of Creditor	City/State	Monthly Payment	Balance	Past Due Amount

*Additional information may be printed on back.

REASON

Al though I intend to repay my NFLP loan balance, I am temporarily unable to make payments because (state reason below):

AGREEMENT

I request a forbearance of my NFLP loan starting _____ and ending _____.

(Signature of Borrower)

(Date)