



REHABILITATION SUBMITTAL FORM

Borrower Name: _____ Prog/Loan/Seq: _____

Requested by: _____ Date: _____

Rehabilitation Billing Agreement

Monthly Payments of: \$ _____ OR
\$ _____ principal plus accrued interest

Beginning _____ and Ending _____
(month/day/year) (month/day/year)

Delinquency Days allowed _____
(15 or less is required. Otherwise, Campus Partners will not have the capability of tracking the 12 consecutive monthly payments.)

Written Agreement with borrower: Yes or No

Removed from Collection: Yes or No

****NOTE**** If the loan is not removed from collection, Campus Partners will not have the capability of tracking the 12 consecutive monthly payments.

****NOTE**** For the purposes of Rehabilitation, no special billing plan will be automatically dropped in the event that the loan becomes current.

Post Rehabilitation Billing

Upon successful rehabilitation of the loan, the borrower should be billed as follows:
(We will bring the loan current; however, any amount of unpaid accrued interest will remain due and will be billed over time. Unpaid Collection Fees or Other Costs will also remain due and will be paid before interest and principal as payments are posted to the loan.)

Billing frequency _____ (monthly, quarterly, etc.)

Payment amount \$ _____ OR
\$ _____ principal plus accrued interest

Action taken by Campus Partners:

Special billing entered: _____

Rehabilitation flag entered: _____

Consecutive payment counter: _____

QuikLetter sent: _____

Processed by: _____ Date: _____