



P.O. Box 24328  
 Louisville, KY 40224-0328  
 (800) 693-8220  
 www.studentloanpeople.com

**Forbearance Request Form (not for Access Group borrowers)**

<b>Section 1: Borrower Information</b>	Account or Social Security Number: _____
Name: _____	Address: _____
City: _____	State: _____ Zip: _____
Home Phone Number: ( ) _____	Work Phone Number: ( ) _____
Alternate Phone Number: ( ) _____	E-mail address: _____
Employer: _____	
Address: _____	Phone: _____

**Spouse/Cosigner Employment Information (Required only for spousal consolidation or loans with a cosigner or endorser)**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

<p><b>Section 2: Forbearance Type</b> – Check the forbearance type for which you are applying. Review the other side of this form for an explanation of each forbearance type.</p> <p><input type="checkbox"/> Temporary Hardship – I intend to repay my loan(s); however, I am temporarily experiencing financial hardship and am unable to make the monthly payments on my loan(s) <b>Total Monthly Income (Gross):</b> _____</p> <p><input type="checkbox"/> Graduate PLUS – 6 month discretionary</p> <p><input type="checkbox"/> Parent PLUS – 12 month discretionary for up to 5 years (include dependent information below)</p> <p style="padding-left: 40px;">Dependent name: _____</p> <p style="padding-left: 40px;">Name of School: _____</p> <p><input type="checkbox"/> Medical or Dental Internship/Residency</p> <p>The <b>number of months must be completed</b> in the statement below:          I am requesting _____ months of forbearance, which will cover any current delinquent period.</p>
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<p><b>Section 3: Authorized Official's Certification</b> (Applicable to Medical or Dental Internship/Residency only)</p> <p>I certify that the borrower is eligible for the forbearance selected above and meets all requirements provided on the reverse for the period from _____ / _____ / _____ to _____ / _____ / _____</p> <p>Official's signature: _____ Date: _____ Phone #: _____</p> <p>Official's name: _____ Name of Organization: _____</p>
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<p><b>Section 4: Forbearance Agreement</b></p> <p>This forbearance is an agreement between me and my lender to allow a temporary cessation in payments. During a period of forbearance, interest continues to accrue and must be paid or it will be capitalized (added to the principal balance). This will increase the total cost of the loan. Payments will resume within 60 days of the forbearance end date. The exact amount of the monthly payments will be calculated in accordance with applicable laws. I further understand that if the situation under which I applied for this forbearance changes, I must notify The Student Loan People. I wish to have this forbearance for which I applied placed on all my eligible loans. I understand the forbearance I have requested will not be granted for more than 12 months at one time (Grad PLUS – 6 month max.). I understand that if I qualify for one of the above forbearances, I authorize The Student Loan People to extend and/or backdate a Temporary Hardship Forbearance (not to exceed 12 months) to ensure any amount currently due on my loan(s) will be covered. I understand that if an end date is not provided, the forbearance will be granted for a period not to exceed 12 months (Grad PLUS – 6 month max.). I also understand that if my account is delinquent, the forbearance can be used retroactively to cover the period of delinquency; however, any negative reports that were submitted to the credit bureaus will not be removed. The above information is true and correct to the best of my knowledge.</p> <p>Borrower's Signature: _____ Date: _____</p> <p>Spouse/Cosigner Signature*: _____ Date: _____</p> <p>* Required only for spousal consolidation or loans with a cosigner or endorser.</p>
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*This form cannot be used for a forbearance on Access Group private loans.*

**Temporary Hardship:** This forbearance is available, at the lenders discretion, to borrowers who intend to repay their loan(s) but show that repayment of their student loan(s) at the present time would constitute a hardship under their current economic situation, and who do not qualify for the Economic Hardship Deferment.

**Graduate PLUS:** This forbearance is available to Graduate PLUS borrowers who wish to have their first payment aligned with the first payment of their Stafford loans. It is granted for a six month period, following the separation date.

**Parent PLUS:** This forbearance is available while the qualifying dependent student is in school. During this period of payment postponement/forbearance, interest continues to accrue. Unpaid interest will be capitalized (added to the principal balance). This will increase the total cost of the loan. A new request must be submitted annually.

**Medical or Dental Internship / Residency:** This forbearance is available to borrowers who have used the maximum 24 months of their Medical or Dental Internship/ Residency deferment time or who are not eligible to receive a Medical or Dental Internship/Residency deferment. To be considered for this forbearance, attach documentation verifying your Medical or Dental Internship/Residency position and the dates you are registered with the program or have section 3 completed by an authorized official. If your Internship/Residency is not at an Institution of Higher Education, Hospital or Health Care Facility, you must also attach a statement from the appropriate state licensing agency certifying that the program is required in order for you to be certified for professional practice or service.