



Request for Forbearance

Please complete Parts I-IV of this form and any additional sections required to document your eligibility.

Mail completed form to: UNC Student Loans
2215 SASB North, CB# 1400
450 Ridge Rd
Chapel Hill, NC 27599-1400

Please allow up to fifteen days for your request to be processed. We will notify you of our decision in writing.

Part I – General Information		
Borrower Name	Date	
Street Address	City, State, Zip Code	Account Number (PID)
Home Telephone	Work Telephone	E-Mail Address
Name, Address and Phone Number of someone who will always know your whereabouts		

Part II – Borrower Certification

- I understand that my account must be current as of the start of any entitlement for which I may be approved, in order for the entitlement to be processed. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum ten-year period.
- I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the lending institution based on my financial situation.
- I certify that all statements made in this application are true and correct. I also certify that I will immediately notify the lending institution of any change in my employment status or other significant change in my financial situation. I authorize a representative of the lending institution to obtain from my applicable parties' pertinent information in order to verify this application.
- Final responsibility for completion and return of this form to the institution rests with the borrower. This account will remain in status quo until this request is approved. If this form is incomplete, it will be returned to the borrower.

Signature _____

Date _____

Part III – Borrower Brief Statement

Please provide a statement below (or attach) explaining the circumstances supporting your request. Provide any additional information that will be helpful in understanding your situation.

Part IV – Applicable Benefits

All Benefits may not be applicable to all loans. Please check the type of benefit you are requesting and complete the appropriate additional sections.

Benefit type 1 – FORBEARANCE

1. I request forbearance (temporary cessation of payments) because (check as many as are applicable):

- (A) ___ My title IV SFA loan payments are equal to or greater than 20% of my total monthly income.
- (B) ___ I am unable to make scheduled payments due to 'Poor Health' (temporarily – totally disabled).
- (C) ___ I am enrolled in a course of study that is part of Department approved **rehabilitation**-training program for disabled individuals.
- (D) ___ I am caring for a **dependent** who is disabled.

(E) ___ I am experiencing financial hardship due to some other reason, as described in the Brief Statement in Part III:

- 1. Complete Section A of this form and provide any other documentation to verify B, C, or D.
- 2. Interest continues to accrue during this benefit type. We recommend paying interest monthly to avoid a lump sum payment at the end of this benefit type or forbearance Choose one of the following options:
 (1) ___ Bill me for the interest **monthly**. (2) ___ Bill me for the interest **at the end** of my benefit.

Benefit type 2 – FORBEARANCE (REDUCED PAYMENTS)

1. I request a **Temporary reduction of my monthly loan payment**:

Based on my financial situation, I will make monthly payments in the amount of \$_____ for a period of _____ months. If approved, I agree to make repayment of this amount each month as a condition of this agreement, and that if payment is not made, the school may terminate my agreement. (Complete Section A of this form.)

Complete only the sections below related to the benefit requested above.

Section A – Income and Expenses

Please provide information about your monthly gross income and federal student loan expenses. Attach **documentation** (check stubs/statements) to support these items. Please list any additional expenses that impact your current financial situation that should be taken into consideration.

	<u>Monthly Income</u>	<u>Monthly Student Loan Payments/Other Expense</u>	
Gross Wages	_____	_____	_____
Public Assistance	_____	_____	_____
Unemployment	_____	_____	_____
Child Support	_____	_____	_____
Other Income	_____	_____	_____
_____	_____	_____	_____
Total Income	_____	Total Payments	_____