



THE UNIVERSITY  
*of* NORTH CAROLINA  
*at* CHAPEL HILL

Office of Student Accounts  
 Loan Repayment Services  
 2215 SASB North, CB#1400  
 450 Ridge Road  
 Chapel Hill, NC 27599-1400

Telephone: (919) 962-6824  
 FAX: (919) 962-1568  
 E-mail: [loanrepay@unc.edu](mailto:loanrepay@unc.edu)  
 Web: [loans.unc.edu](http://loans.unc.edu)

### NURSE FACULTY LOAN FORBEARANCE REQUEST FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

PID: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(You will be contacted at this email address if we need additional information in order to process your request)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Original Loan Balance: \_\_\_\_\_ Present Loan Balance: \_\_\_\_\_

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 and return it by \_\_\_\_\_. 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 against you until we have received and approved 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 bureaus.

If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to us by \_\_\_\_\_. You must provide the reason for your financial hardship before we can grant a forbearance of your loan. You may contact us at \_\_\_\_\_ 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

REASON

Although 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 \_\_\_\_\_. Any outstanding accrued interest may be added to and become a part of the principal of the loan at the end of the forbearance period. The projected capitalized interest during the forbearance period is \$ \_\_\_\_\_. I will resume monthly payments on \_\_\_\_\_. I will make payments of approximately \$ \_\_\_\_\_ per month with payments due on the same day of each month as the day the first regular payment is due until the full unpaid principal amount of the loan is paid off. I understand that periodically I will be provided with an account statement listing the activity on the loan and the outstanding unpaid principal amount at the end such period.

\_\_\_\_\_  
(Signature of Borrower) (Date)

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FOR OFFICE USE ONLY:

\_\_\_\_\_ (UNC-CH) believes, based upon the borrower's statement above and/or other communications regarding forbearance recorded in the account record, that the borrower intends to repay the NFLP loan but is currently unable to make loan payments.

Do you understand that you must be employed as a full-time nurse faculty member for a complete year to be eligible for loan cancellation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand that you must be employed as a full-time nurse faculty member for a complete year to be eligible for loan cancellation? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Accepted by Authorized Official) (Date)

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