



FORBEARANCE REQUEST

ACCOUNT NUMBER _____

CUSTOMER'S NAME _____

ADDRESS _____

EMAIL ADDRESS _____

RETURN COMPLETED FORM TO:

Edfinancial Services
P.O. Box 36014
Knoxville, TN 37930-6014
Fax: (865) 692-6386

____ PLEASE CHECK HERE FOR CHANGE OF ADDRESS.

TELEPHONE NUMBER* (____) _____ - _____ ALTERNATE TELEPHONE* (____) _____ - _____

**By providing my cellular telephone number, I authorize Edfinancial Services to contact me regarding my account at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice messages.*

SECTION 1: TEMPORARY HARDSHIP FORBEARANCE

(FOR ADDITIONAL FORBEARANCE OPTIONS, REFER TO THE BACK OF THIS FORM.)

Borrower Interest Selection, Understanding and Certification for Temporary Hardship Forbearance

Although I intend to repay my loan(s), due to my current financial situation, I am unable to afford the monthly payments on my student loan(s). By submitting this form, I authorize Edfinancial Services to grant a Temporary Hardship Forbearance on all of my loans which fall under the guidelines for federally insured loans. I understand that a Temporary Hardship Forbearance (if available) may be backdated to cover any delinquency on my account. I also understand that during the forbearance period, I am responsible for the interest that accrues on my account. If I do not make payments, any unpaid interest at the end of the forbearance period will be added to my principal balance (**capitalized**).

I will resume repayment of this debt within forty-five (45) days of the forbearance end date as determined by Edfinancial Services. The exact amount of the monthly payments calculated at the end of the forbearance will be in accordance with all applicable laws governing student loans. I understand that should my situation under which I applied for this forbearance change, I must notify Edfinancial Services.

I am requesting a forbearance, not to exceed twelve (12) months, to be placed on my loans beginning with my date of delinquency *or* next due date. I understand that the forbearance cannot be applied for more than six (6) months of future installments.*

**If you wish for the forbearance to be shorter than the maximum time allowed (six (6) months of future installments), please specify the month and year when you wish to have your next installment due (MM/YY) ____/____. Be aware that, depending on your lender, borrowers are permitted a maximum of 48 months of Temporary Hardship Forbearance throughout the life of the loan(s). Edfinancial Services will process the forbearance request to clear delinquency and cover no more than six (6) future installments, not to exceed twelve (12) months in any given request.*

Signing this form indicates that I understand and agree to the terms and conditions contained on this form.

X _____
CUSTOMER'S SIGNATURE

DATE

If you are experiencing financial difficulties and do not meet the criteria for any of the forbearances on this form, contact Edfinancial Services at CustomerService@Edfinancial.com or by phone 1-800-337-6884 for information about repayment options or deferments.

DEFINITIONS:

- **Forbearance** is the temporary reduction or delay of payments. During a period of forbearance, interest charges continue to accrue.
- **Capitalization** is a process through which a lender adds unpaid interest to the principal balance of a loan. This increases the principal balance of the loan resulting in increased interest charges over the life of the loan.
- **Title IV loans** include the following: Subsidized Federal Stafford Loan [formerly Guaranteed Student Loans (GSL)]; Unsubsidized Federal Stafford Loans; Federal Supplemental Loans for Students (SLS); Federal PLUS (Parent) Loans; Federal Consolidation Loans; William D. Ford Federal Direct Loans and Federal Perkins Loans.
- A **co-maker** is one of the two individuals who are joint borrowers on a PLUS or Consolidation loan and are equally responsible for repaying the loan.
- **Total monthly gross income** is the amount of income you receive from employment (either full-time or part-time) and from other sources, prior to any deductions.

SECTION 2: ADDITIONAL FORBEARANCE REQUEST

I meet the qualifications stated for the forbearance checked below and request that my lender approve forbearance for all of my eligible loans according to the certification provided below. **I am requesting a forbearance to be placed on my loans from** ___ ___ / ___ ___ / ___ ___ **OR** begin date certified by the official below, whichever is earlier, not to exceed 12 months. (If you wish for the forbearance to be shorter than the maximum time allowed, please specify the month and year when you wish to have your next installment due (MM/YY): ___ ___ / ___ ___.)

Check one:

- I am experiencing an **EXCESS DEBT BURDEN**. I have provided the additional documentation as specified below.
My monthly income is \$ _____.

 - To qualify, the monthly payments due on my Title IV loans must be equal to or greater than 20 percent of my total monthly gross income.
 - I must provide my lender with: (1) documentation of total monthly gross income from all sources (e.g. copies of recent pay stubs), unless I have no income, and (2) documentation of the most recent monthly payments due on my education loans (e.g. copies of statements or repayment schedules).
 - Granted in 12-month increments with a maximum of 36 months.

- I am currently attending a non-Title IV school or a Title IV school less than half-time.

 - To qualify, I must be attending a non-Title IV school or a Title IV school as a less than half-time student (enrollment status is determined by the registrar).
 - **I must provide my lender with: documentation of my enrollment information from an authorized official at my school.**
 - Granted for up to 12 months at a time.

- I am engaged in an **INTERNSHIP/RESIDENCY PROGRAM**.

 - To qualify: (1) I must be accepted into a Medical or Dental Internship/Residency Program which (a) is a supervised training program, (b) leads to a degree or certificate awarded by an institution of higher education, hospital or health care facility OR is required before I may be certified for professional practice or service; and (c) requires that I hold a Bachelor's Degree before acceptance into the program. (2) I must have used all eligible internship/residency deferments.
 - **I must provide my lender with (1) documentation or certification from an authorized official from the program showing the beginning and ending dates of my internship/residency program, and (2) if I am not in a program that leads to a degree or certificate, I must also provide my lender with a separate statement from the appropriate state licensing agency certifying that my internship/residency, or a portion thereof, is required before I may be certified for professional practice or service.**
 - Granted for up to 12 months at a time.

- I am performing the type of service that qualifies me for a partial repayment of my loan under the **STUDENT LOAN REPAYMENT PROGRAM** administered by the Department of Defense.

 - To qualify, I must be performing the type of service that would qualify me for partial repayment of my loan(s) under the Student Loan Repayment Programs administered by the Department of Defense under 10 U.S.C. 2171.
 - **I must provide my lender with certification from an authorized official from the program showing the beginning and ending dates for which I am considered to be eligible.**
 - Granted for up to 12 months at a time.

- I am serving in a service position for which I receive a **NATIONAL SERVICE EDUCATIONAL AWARD** under the National and Community Service Trust Act of 1993.

 - To qualify, I must be serving in a national service position for which I received National Service Educational Award under the National Community Service Trust Act of 1993.
 - **I must provide my lender with certification from an authorized official from the program showing the beginning and ending dates for which I am considered to be eligible.**
 - Granted for up to 12 months at a time.

In order to apply for forbearance, you **must**:

1. **Write** your account number and **sign** the front of the form.
2. **Place** an "X" in the box to indicate the forbearance type for which you are applying if other than a Temporary Hardship Forbearance.
3. **Write** the dates for which you wish the forbearance to be applied (up to 12 months).
4. **Make sure** official signs Section 3 and/or **attach** the necessary certification/information if applicable.
5. **Check** the box for change of address on front of form if applicable.
6. **Return** the form by fax or mail.

SECTION 3: CERTIFICATION- Must be completed by an AUTHORIZED OFFICIAL

(Do not complete for Excess Debt Burden or Temporary Hardship Forbearance)

I certify, to the best of my knowledge and belief, that the borrower named above is/was engaged in the program or service indicated in Section 2, and that the borrower and the borrower's program meet all the eligibility requirements specified on the following page.

The borrower's program/service:

Begins/began (MM/DD/YY) _____ / _____ / _____ and will end/ended (MM/DD/YY) _____ / _____ / _____

Name of Organization _____ Name of Authorized Official _____

Address _____ Authorized Official's Signature _____

City, State, Zip _____ Title _____

Telephone (_____) _____ Date _____