



Higher Education Servicing Corporation

We'll Take You Higher!

1250 E. Copeland Rd., Suite 200
Arlington, TX 76011-4921

1-800-366-4372 Toll Free

M-F 8:00 am - 7:00 pm CT

www.nthea.com

Forbearance Request Form

To apply for a forbearance through Higher Education Servicing Corporation (HESC), please complete this form and return it by fax to (817) 792-7878 or by mail to 1250 E. Copeland Road, Suite 200, Arlington, TX 76011-4921.

Borrower Information

Borrower Name: _____ Social Security #: _____

Borrower Address: _____ Loan Account #: _____

Telephone #: _____

Check here for change of address.

Email Address: _____

Forbearance Options, Conditions & Authorization

I meet the qualifications (*as stated on the back of this form*) for the forbearance checked below and request that my lender approve forbearance for my eligible loan(s) according to the certification provided.

Check one:

- I am experiencing an **Excess Debt Burden**. I have provided the additional documentation as specified on the back of the form (*granted in 12-month increments with a maximum of three years*).
- I am engaged in an **Internship/Residency Program** (*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 (*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 (*granted for up to 12 months at a time*).

I authorize HESC to grant forbearance on my loan(s) which fall under the guidelines for federally insured loans. I understand that a Temporary Hardship Forbearance will be applied to cover any delinquency prior to the begin date of the forbearance I am requesting. 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 sixty (60) days of the forbearance end date as determined by HESC. 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 HESC.

Please check this box if you wish to be granted a Temporary Hardship Forbearance, indicating that you are unable to make payments, if you do not qualify for the type of forbearance you requested (*please indicate below the dates you wish the forbearance be applied*).

I am requesting a forbearance to be placed on my loan(s) effective ___/___/___ **OR** the date of delinquency (*whichever is earlier*) not to exceed 12 months.

If you wish forbearance to be shorter than the maximum of 12 months, please specify end date of forbearance here: ___/___/___

By signing below, I certify that I am willing to repay my loan(s), but am unable to do so at this time due to the reason indicated above. Interest will continue to accrue during this period. Unless I pay the interest, it will be capitalized at the end of the forbearance period and added to the principal balance of the loan(s). I will resume repayment upon expiration of the forbearance and I agree to repay my federal education loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s). I understand and agree to the terms and conditions contained on this form.

Borrower Signature

Date

Certification Must be completed by an Authorized Official (see back for details). Do not complete for Excess Debt Burden 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 above, 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 Signature: _____

Title: _____

Telephone #: _____

Date: _____

Forbearance Request Form: Additional Information

Steps to Complete this Form

In order to apply for a forbearance, you must:

- Write your social security number on the front of the form.
- Place an "X" in the box to indicate the forbearance type for which you are applying.
- Write the dates for which you wish the forbearance to be applied (*up to 12 months*).
- Sign your name in **Forbearance Options, Conditions & Authorization**.
- Make sure an official signs the **Certification** section (*not required for Excess Debt Burden*) and attach any necessary certification/information.
- Check the box for change of address, if applicable.

Authorized Officials

- Excess Debt Burden Forbearance certification not required
- Internship/Residency Program Official (*for all Internships and Residencies*)
- Authorized Official from the Department of Defense (*for Student Loan Repayment Program*)
- Authorized Official from the National Community Service

Definitions

- A **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 or Grad*) Loans; Federal Consolidation Loans; William D. Ford Federal Direct Loans and Federal Perkins Loans.
- A **co-maker / co-signer** 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.

Eligibility Criteria

Excess Debt Burden (*Note: Certification not required for this option*)

- 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*), and (2) documentation of the most recent monthly payments due on my education loans (*e.g. copies of statements or repayment schedules*).

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.

Student Loan Repayment Program

- 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.

National Service Educational Award

- To qualify, I must be serving in a national service position for which I receive a 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.