

351 W University Blvd
Admin 207-D
Cedar City UT 84720
Phone (435) 586-7728
Fax (435) 865-8064

FORBEARANCE REQUEST

NDSL / Perkins / Federal Perkins Loan(s)

Deferment of Principal / Principal and Interest / Reduced Payments

All information must be complete. Incomplete requests will not be considered.

NAME OF BORROWER	SOCIAL SECURITY NUMBER	T Number
ADDRESS		
CITY, STATE, ZIP		
Telephone-Home()	E=Mail Address	
Telephone-Other()		

FORBEARANCE REQUEST: I am temporarily unable to repay my loan(s) according to my repayment schedule and hereby request forbearance for ___ months (for intervals of up to 12 months for periods that collectively do not exceed three years under the terms and conditions specified in your promissory note.) If this forbearance request is approved, I am requesting that SUU grant a forbearance on my Federal Perkin loan (s) beginning (MM-DD-YYYY) |__|_|-|__|_|-|__|_| and ending (MM-DD-YYYY) |__|_|-|__|_|-|__|_| for a period not to exceed 12 months. At the end of the forbearance, I may apply to renew the forbearance if I am still experiencing a financial hardship.

I am willing but unable to make my current Federal Perkins Loan Payments due to the temporary financial hardship. I am requesting this Forbearance because: _____

For the following reason:

- The amount of my monthly Title IV loans is collectively equal to or greater than 20 percent of my total monthly income.
- I qualify under a National military mobilization or other national emergency, as defined by the Secretary of the Department of Education
- Loss of income due to loss of spouses' job
- Unexpected family medical expenses
- Loss of income due to spousal abandonment, or divorce
- Family emergency
- Other

Attach letter explaining current difficulties.

Required Verifications:

- Evidence of the amount of the most recent total household monthly income
AND
- Evidence showing the amount of the monthly payments for the most recent month for your Title IV loans.
OR
- Evidence of national military mobilization or borrowers who are serving in AmeriCorps
OR
- Signed statement detailing reasons for request

I understand that interest will accrue during the forbearance period and must be paid. I understand that late charges will be assessed on late payments. I further understand that if I do not pay the interest that accrues I will not be granted forbearance.

CHECK ONE ONLY:

- _____ Bill me monthly for the interest that becomes due, plus past due late charges and collection costs. I will remit monthly the amount of interest that becomes due.
- _____ Add the interest that becomes due during my forbearance period to my first bill after the end of my forbearance period.
- _____ Reduce my monthly payment from \$ _____ to \$ _____.

In order for this forbearance to be considered, please submit a payment of \$ _____ to pay the interest accrued, with this application and return the application, check, and required verification to: Southern Utah University, Loan Collection Office, 351 W University Blvd, Cedar City, UT 84720.

I UNDERSTAND THAT THE FOLLOWING TERMS AND CONDITIONS APPLY TO THIS FORBEARANCE REQUEST:

- (1) I WILL CONTINUE TO RECEIVE BILLING STATEMENTS FOR MY CURRENT PAYMENT AMOUNT WHICH I MUST PAY UNTIL I AM NOTIFIED BY SUU THAT MY

FORBEARANCE REQUEST HAS BEEN GRANTED.

- (2) SUU MAY GRANT ME FORBEARANCE ON MY LOANS FOR UP TO 60 DAYS, IF NECESSARY, FOR THE COLLECTION AND PROCESSING OF DOCUMENTATION RELATED TO MY FORBEARANCE REQUEST. SUU WILL NOT CAPITALIZE INTEREST HTAT ACCRUES DURING THIS FORBEARANCE.
- (3) SUU WILL NOT GRANT THIS FORBEARANCE REQUEST UNLESS THIS FORM IS COMPLETED AND ANY REQUIRED DOCUMENTATION IS PROVIDED.
- (4) DURING THE FORBEARANCE PERIOD, I AM NOT REQUIRED TO MAKE PAYMENT OF LAON PRINCIPAL AND INTEREST, BUT INTEREST WILL BE CHARGEED ON ALL OF MY LOANS.
- (5) IF I REQUESTED A TEMPORARY SUSPENSION OF PAYMENTS, I WILL RECEIVE AND INTEREST STATEMENT AND I MAY PAY THE INTEREST AT ANY TIME.
- (6) IF I REQUESTED A REDUCED PAYMENT FORBEARANCE, I WILL RECEIVE A MONTHLY BILL FOR THE REQUESTED PAYMENT AMOUNT UNTIL THE FORBEARANCE ENDS, AND ANY UNPAID INTEREST THAT HAS ACCRUED DURING THE PERIOD WILL BE CAPITALIZED AT THE END OF THE FORBEARANCE PERIOD.

I UNDERSTAND THIS FORBEARANCE IS RENEWABLE EVERY 12 MONTHS IF NEEDED, BUT NOT TO EXCEED A TOTAL OF 3 YEARS. A WRITTEN OR ORAL REQUEST TO EXTEND THE FORBEARANCE IS REQUIRED EVERY 12 MONTHS. I AGREE TO RESUME MY REGULAR MONTHLY PAYMENTS AT THE END OF THE FORBEARANCE PERIOD. I FURTHER UNDERSTAND THIS FORBEARANCE WILL TERMINATE IMMEDIATELY UPON A SIGNIFICANT IMPROVEMENT IN MY ECONOMIC STATUS.

I CERTIFY:

THAT ALL STATEMENTS MADE ABOVE ARE TRUE AND CORRECT AND THAT I WILL IMMEDIATELY NOTIFY THE SUU LOAN COLLECTION OFFICE OF ANY CHANGE IN MY FINANCIAL SITUATION. I REALIZE THAT BY MY SIGNATURE BELOW, I AM GIVING SOUTHERN UTAH UNIVERSITY MY PERMISSION TO VERIFY ALL INFORMATION ON THIS FORM. I ALSO UNDERSTAND THAT ALL INFORMATION GIVEN WILL BE HELD IN THE STRICTEST OF CONFIDENCE. I ALSO UNDERSTAND THAT FORBEARANCE IS GRANTED AT THE LENDER'S DISCRETION. UPON TERMINATION OF THIS FORBEARANCE, I WILL REPAY MY LOAN(S) ACCORDING TO THE TERMS OF MY PROMISSORY NOTE AND REPAYMENT SCHEDULE.

SIGNATURE _____ DATE _____
NEXT FORM MUST BE COMPLETED

FORBEARANCE REQUEST (Cont)

NDSL / Perkins / Federal Perkins Loan(s)

Deferment of Principal / Principal and Interest / Reduced Payments

Title IV (Perkins, NDSL, Stafford, SLS, PLUS) Loans in Repayment

Lender	Account Number	Balance	Monthly Payments

Household Monthly Income from all sources (please supply verification) \$ _____

FOR OFFICE USE ONLY

Approved

Date

Disapproved

Reason