



Request for Forbearance

Please fill out completely (use additional sheet if necessary)
 Return to: USU Loan Office, 2400 Old Main Hill,
 Logan, UT 84322-2400 (435) 797-1057 FAX (435) 797-0367

Name of Borrower	Social Security Number	(spouse)	N/A
		Dependents/Relationship	
Street Address (or P.O.)	Birthdate		
City/State/Zip	Phone (inc area code)		

FORBEARANCE AGREEMENT:

I request a forbearance of my loan(s) for a period of ____ months (6 maximum) from my current payment due/delinquency date. I also agree to immediately inform the Loan Office at Utah State University of any change in my forbearance status. I also agree to resume my regularly scheduled payments at the end of the forbearance period.

INTEREST WILL ACCRUE DURING THE FORBEARANCE PERIOD AND MUST BE PAID. I prefer to pay the interest (please indicate one) ____ (1) at the beginning of the forbearance period, ____ (2) monthly throughout the forbearance period, or ____ (3) in full at the end of the forbearance period. **I understand that if I do not pay the interest that accrues I will not be granted another forbearance.**

In order for this forbearance to be considered past due interest and late fees of \$_____ must be submitted with this request, as well as supporting documentation for income and student loan payments as noted below. Incomplete requests will not be considered.

I am unable to make payments on my student loan(s) and request a forbearance for the following reason: _____

Current Employer	Address	City/State/ZIP
Phone		

MONTHLY INCOME SUMMARY (Please include supporting documentation)

Gross Pay	\$	Unemployment	\$
Spouse's Gross Pay	\$	Other	\$
		Total Monthly Income	\$

MONTHLY EXPENSE SUMMARY (Please include supporting documentation)

____ Rent ____ Mortgage	\$	Utilities/Phone	\$
Groceries and Household Exp.	\$	Clothing	\$
Transportation (Gas, Parking, etc.)	\$	Entertainment	\$
Medical/Dental	\$	Child Care	\$
Insurance	\$	Alimony	\$
Miscellaneous	\$	Child Support	\$

LOAN/CREDIT CARD PAYMENTS (Please include supporting documentation)

<u>Creditor</u>	<u>Loan Amount</u>	<u>Balance Outstanding</u>	<u>Monthly Payment</u>

OTHER STUDENT LOANS

Regulations require that you provide a copy of a bill or payment coupon (or attach other documentation) from your Student Loan Servicer showing the amount of your regular monthly payment or your current deferment status for each student loan other than your USU Perkins.

Student Loan Servicer	Account Status	Date of Last Payment	Monthly Amount	Account Balance

I certify that all statements made in this request are true and correct. I authorize the Loan Office to verify any information I have provided for this forbearance. I understand that forbearance is granted at the lender's discretion.

Signed _____ Date _____

For office use only:

APPROVED _____ APPLIED FROM _____ TO _____

DISAPPROVED _____ REASON _____

PRINCIPAL DEFERRED _____ INTEREST DUE _____

DATE APPLIED _____

AUTHORIZED SIGNATURE _____