



FORBEARANCE AGREEMENT

Federal Stafford. UnStafford. or Plus

Instructions: You must read, complete, sign, and return this form with required documentation (if applicable) before your request can be granted. If your account is past due it will remain past due until this form is received and approved, you make satisfactory payments, or you are granted another option to postpone payment of your student loan account(s). Continued delinquency may result in phone calls, letters, and negative credit reporting. Upon review of your forbearance agreement, a letter will be sent notifying you of the approval or denial of your request.

Forbearance: Forbearance is an agreement to postpone your monthly payment for a limited and specific time period. Interest that accrues during the forbearance remains your responsibility. Interest only payment notices will be sent quarterly; if you choose not to pay this, the accrued interest will be added to your outstanding principal balance (capitalized).

Borrower Name _____ SSN

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Maiden Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home # () _____ - _____ Work # () _____ - _____ Alternate # () _____ - _____

Home Email _____ Work Email _____

Reference Name _____ Reference # () _____ - _____

Reference Address _____ City _____ State _____ Zip _____

I am requesting a forbearance for the following reason **(Please check one and provide documentation as indicated):**

☐

TEMPORARY HARDSHIP - I request a forbearance for a 12 month period, unless I indicate a shorter forbearance period below:

☐ I prefer a shorter Temporary Hardship forbearance period ending (please specify month and year requested): ____/____/____
MM YY

☐

IN-SCHOOL - I am attending _____ from ____/____/____ to ____/____/____.
School Name MM YY MM YY

☐

INTERNSHIP/RESIDENCY (must be requested annually) - I am engaged in an internship/residency program and I am not eligible for an internship/residency deferment due to the terms of my loan or I have exhausted my available deferment time. **Please enclose documentation from an authorized official of the internship/residency program certifying the beginning and ending dates (MM/DD/YY-MM/DD/YY) of your participation in this program.**

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DEPARTMENT OF DEFENSE (DOD) LOAN REPAYMENT PROGRAM (must be requested annually) - I am participating in a Department of Defense loan repayment program. **Please enclose documentation from an authorized official of the Department of Defense certifying the beginning and ending dates (MM/DD/YY-MM/DD/YY) of your participation in this program.**

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ECONOMIC HARDSHIP (must be requested annually, not to exceed 36 months) - My monthly Title IV student loan payments are equal to or greater than 20% of my total monthly gross income.

Please enclose the following:

1. **Documentation of monthly payment(s) due on any Title IV student loan(s) not serviced by MOHELA.**

2. **Proof of your most recent monthly gross income (such as copies of your pay stubs within the last 30 days or your most recently filed tax returns).**

Or if you are unable to provide proof of income, check the appropriate box below:

☐ I receive no income.

☐ I am self-employed and have a newly formed business. **Please enclose a self-certifying statement of your projected monthly income from your business and documentation of your involvement with that business.**

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NATIONAL COMMUNITY SERVICE - I am serving in a National Service (Ameri Corp) position and receiving a National Service Educational Award under the National and Community Service Trust Act of 1993. **Please enclose documentation from an authorized official of the National Service program certifying the beginning and ending dates (MM/DD/YY-MM/DD/YY) of your participation in this program**

I authorize MOHELA to cover the entire delinquency of my loans(s) and any payments billed when applying this forbearance, not to exceed 12 months. If I am not eligible for the forbearance type indicated above, then I request that MOHELA place a Temporary Hardship forbearance in its place. I understand that I am responsible for all accruing interest during my forbearance. If I don't pay the accruing interest, I understand that it will be added to the principal balance of the loan(s) at the end of the forbearance period (capitalization). The exact amount of the monthly payments will be calculated at the end of the forbearance. I understand that should my situation under which I applied for this forbearance change, I must notify MOHELA. I agree to have the requested forbearance applied on my loan(s). **I agree, upon termination of this forbearance, to repay my loan(s) according to the terms of my promissory note.**

Borrower Signature (required)

Date

Please mail form to: MOHELA
633 Spirit Dr.
Chesterfield, MO 63005-1243
Or Fax to: 1-888-387-3530

Did you remember to...

- ☐ Check which forbearance type you are requesting.
- ☐ Attach the necessary documentation.
- ☐ Sign and date the form.