

FEDERAL FORBEARANCE REQUEST
NDSL/PerkinsFederal Perkins Loan(s)
Deferment of Principal/Principal and Interest/Reduced Payments

Name _____ SSN _____

Current Address _____

City/State Zip _____ Email: _____

Telephone numbers: (Day) _____ (Evening) _____

I am financially unable to repay my loan(s) according to my repayment schedule and hereby request federal forbearance from _____ to _____. Please select one option below:

Deferment of Principal - Bill me monthly for the interest that becomes due, plus past due late charges. I will remit monthly the amount of interest that becomes due.

Deferment of Principal and Interest - 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 \$ _____.

Late charges will be assessed on late payments. Payments will be applied first to late charges, then interest and finally to principal. Give the reason for your request below and complete the financial information form:

I have read and completed both sides of this form and certify that all information given is true and correct.

I have also enclosed the required documentation.

Signature _____

Date _____

PLEASE RETURN TO:

Saint Mary's University of Minnesota
700 Terrace Height #13
Winona MN 55987-1399

The above named borrower is hereby granted a federal forbearance for the period noted
(Not to exceed 12 months per request - renewable up to a total of 36 months).

Comments: _____

Months Approved _____ Accumulated Months _____

Approved by _____ Date _____

Office Use Only

Income—Monthly

Salary *Gross \$ _____ Net/mo. \$ _____

Name of Employer: _____

Basic Living Expense—Monthly

Cash on Hand \$ _____

Savings \$ _____

Other Income \$ _____

Assistance (Welfare, etc.) \$ _____

Net Salary—spouse \$ _____

(A) TOTAL MONTHLY INCOME \$ _____

Rent or Mortgage \$ _____
(Name of Landlord or Lender) _____

Utilities \$ _____

Food \$ _____

Insurance \$ _____

Clothing \$ _____

Transportation \$ _____
(Other than car payments)

Other _____
(Other than monthly debts listed below)

(B) TOTAL MONTHLY EXPENSES \$ _____

Present Debts

(Include other student loans** by you and your spouse, car loans, credit card accounts, personal and bank loans, etc. not listed above). If additional space is required, attach a separate sheet.

<u>CREDITOR</u>	<u>TYPE OF LOAN</u>	<u>BALANCE</u>	<u>MONTHLY PMT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(C) TOTAL MONTHLY DEBTS _____

*Evidence must be submitted to show the most recent total monthly gross income

**Evidence must be submitted to show the most recent monthly payments being made on student loans

Please list two Personal References

Name _____

Address _____

City, State, Zip _____

Telephone _____

Name _____

Address _____

City, State, Zip _____

Telephone _____