



SERV

MANDATORY FORBEARANCE REQUEST

MEDICAL OR DENTAL INTERNSHIP/RESIDENCY, NATIONAL GUARD DUTY, OR
DEPARTMENT OF DEFENSE STUDENT LOAN REPAYMENT PROGRAM FORBEARANCE

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family
Education Loan (FFEL) Program

OMB No. 1845-0018

DRAFT FORM

Exp. Date XX/XX/XXXX

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U. S. Criminal Code and 20 U. S. C. 1097.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN _____ - _____ - _____

Name _____

Address _____

City, State, Zip Code _____, _____ _____

Telephone - Primary (_____) _____ - _____

Telephone - Alternate (_____) _____ - _____

E-mail (Optional) _____

SECTION 2: BORROWER DETERMINATION OF FORBEARANCE ELIGIBILITY

Carefully read the entire form before completing it. This form covers three different types of forbearances. Review the information for each forbearance type to determine whether you qualify for that forbearance.

PART A. MEDICAL OR DENTAL INTERNSHIP/RESIDENCY

You only qualify for this forbearance if you do not qualify for a medical or dental internship/residency deferment.

1. Have you been accepted into an internship/residency?

Yes - Continue to Item 2.

No - You are not eligible for this forbearance.

2. Did your program require for admission that you have a bachelor's degree?

Yes - Continue to Item 3.

No - You are not eligible for this forbearance.

3. Will you receive supervised training in your internship/residency program?

Yes - Continue to Item 4.

No - You are not eligible for this forbearance.

4. Will completion of your program lead to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers postgraduate training?

Yes - Complete Section 3 and have an authorized official complete Section 4.

No - Continue to Item 5.

5. Will completion of the program be required before you can begin professional practice or service?

Yes - Complete Section 3 and have an authorized official complete Section 4. In addition, you must attach a separate statement from the appropriate state licensing agency certifying this requirement.

No - You are not eligible for this forbearance.

PART B. NATIONAL GUARD DUTY

You only qualify for this forbearance if you do not qualify for a military service deferment.

6. Are you a member of the National Guard?

Yes - Continue to Item 7.

No - You are not eligible for this forbearance.

7. Are you engaged in active state duty for a period of more than 30 consecutive days because a governor activated you based on state statute or policy?

Yes - Continue to Item 8.

No - Skip to Item 9.

8. Is your service being paid for with state funds?

Yes - Skip to Item 11.

No - Continue to Item 9.

Borrower Name: _____ Borrower SSN: _____ - _____ - _____

SECTION 2: BORROWER DETERMINATION OF FORBEARANCE ELIGIBILITY (CONTINUED)

9. Are you engaged in active state duty for a period of more than 30 consecutive days under which a governor activated you with the approval of the President or the U.S. Secretary of Defense?
- Yes - Continue to Item 10..
- No - You are not eligible for this forbearance.
10. Is your service being paid for with federal funds?
- Yes - Continue to Item 11..
- No - You are not eligible for this forbearance.
11. Were you activated no more than 6 months after the last date on which you were enrolled in school at least half-time?
- Yes - Have an authorized official (a commanding or personnel officer) complete Section 3 and then complete Section 4 yourself.
- No - You are not eligible for this forbearance.

PART C. DEPARTMENT OF DEFENSE STUDENT LOAN REPAYMENT PROGRAM

12. Are you performing service that qualifies you for partial repayment of your loans under any Department of Defense Student Loan Repayment Program?
- Yes - Complete Section 3 and have an authorized official from the Department of Defense complete Section 4.
- No - You are not eligible for this forbearance.

SECTION 4: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

I request that:

- My loan holder grant forbearance for the period during which I meet the qualifications for the forbearance. If approved for a forbearance, I would like to:
 - Temporarily stop making payments; or
 - Make smaller payments in the amount of \$_____ per month.
- My loan holder grant me a deferment based on my program/service, if I am eligible for a deferment.
- My loan holder grant my forbearance for up to 12 months unless I specify an earlier end date below:
_____ - _____ - _____
- If indicated below, to pay the interest that accrues on my loans during the forbearance.
 - I wish to make interest payments on my loans during my forbearance.

I understand that:

- I am not required to make payments of loan principal or interest during my forbearance.
- My forbearance will begin on the date the program or service that qualifies me for the forbearance began, as certified by the authorized official.
- My forbearance will end on the earlier of the date I am no longer eligible for the forbearance, 12 months from the start date I requested for the forbearance, or the end date I requested.
- My forbearance will only be granted in increments of up to 12 months, and I must reapply for the forbearance if I continue to meet the eligibility requirements and want to extend my forbearance.
- Interest may capitalize on my loans during or at the expiration of my forbearance.

Borrower Name: _____ **Borrower SSN:** ____ - ____ - _____

SECTION 4: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION (CONTINUED)

I certify that:

- The information I have provided on this form is true and correct.
- I will provide additional documentation to my loan holder, as required, to support my forbearance status.
- I will notify my loan holder immediately when my qualification for the forbearance ends.
- I have read, understand, and meet the eligibility requirements of the forbearance for which I have applied.

I authorize the entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature: _____ **Date:** ____ - ____ - _____

SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

Instead of having an authorized official complete this section, you may attach separate documentation from an authorized official that includes all of the information below. For the National Guard Duty forbearance, you may attach a copy of your orders.

- The program/service begins/began on: _____
- The program/service is expected to end/ended on: _____

I certify, to the best of my knowledge and belief, that:

- The borrower named above is/was engaged in the program/service indicated in Section 2;
- The borrower and program/service meet all conditions indicated by the borrower's responses in Section 2; and
- The information that I have provided in this section is accurate.

Name of Institution/Organization: _____

Address: _____

City, State, Zip Code: _____, _____

Official's Name/Title: _____

Telephone: (_____) _____ - _____

Official's Signature: _____

Date: ____ - ____ - _____

SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Example: March 14, 2015 = 03-14-2015. Include your name and account number on any documentation that you submit with this form. If you want to apply for a forbearance on loans that are held by different loan holders, you must submit a separate forbearance request to each loan holder. **Return the completed form and any required documentation to the address shown in Section 7.**

SECTION 6: DEFINITIONS

An **authorized official** for the medical or dental internship/residency forbearance is an official from your internship/residency program. An authorized official for the National Guard State Duty forbearance is your commanding or personnel officer. An authorized official for the Department of Defense Student Loan Repayment Program forbearance is an official from the Department of Defense.

Capitalization is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of the loan and may cause your monthly payment amount to increase. Table 1 (below) provides an example of the monthly payments and the total amount repaid for a \$30,000 unsubsidized loan. The example loan has a 6% interest rate and the example deferment or forbearance lasts for 12 months and begins when the loan entered repayment. The example compares the effects of paying the interest as it accrues or allowing it to capitalize.

A **deferment** is a period during which you are entitled to postpone repayment of your loans. Interest is not generally charged to you during a deferment on your subsidized loans. Interest is always charged to you during a deferment on your unsubsidized loans.

The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans, Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).

A **forbearance** is a period during which you are allowed to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. A forbearance can be a mandatory forbearance, meaning that your loan holder must grant the forbearance if you qualify for the forbearance and supply all supporting documentation. A forbearance can also be a discretionary forbearance, meaning that your loan holder may grant the forbearance, but is not required to do so.

The **holder** of your Direct Loan Program loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to “your loan holder” on this form mean either your loan holder or your servicer.

A **subsidized loan** is a Direct Subsidized Loan, a Direct Subsidized Consolidation Loan, a Federal Subsidized Stafford Loan, and portions of some Federal Consolidation Loans.

An **unsubsidized loan** is a Direct Unsubsidized Loan, a Direct Unsubsidized Consolidation Loan, a Direct PLUS Loan, a Federal Unsubsidized Stafford Loan, a Federal PLUS Loan, a Federal SLS, and portions of some Federal Consolidation Loans.

The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.

Table 1. Capitalization Chart

Treatment of Interest	Loan Amt.	Capitalized Interest	Outstanding Principal	Monthly Payment	Number of Payments	Total Repaid
Interest is paid	\$30,000	\$0	\$30,000	\$333	120	\$41,767
Interest is capitalized at the end	\$30,000	\$1,800	\$31,800	\$353	120	\$42,365
Interest is capitalized quarterly and at the end	\$30,000	\$1,841	\$31,841	\$354	120	\$42,420

SECTION 7: WHERE TO SEND THE COMPLETED FORM

Return the completed form and any required documentation to:
(If no address is shown, return to your loan holder.)

If you need help completing this form, call:
(If no telephone number is shown, call your loan holder.)

SECTION 8: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. and 20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program or the Federal Family Education Loan (FFEL) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan and/or FFEL Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to

enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

SECTION 8: IMPORTANT NOTICES (CONTINUED)

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0018. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 682.211 or 685.205. If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 7).