For Official Use Only

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

**FORBEARANCE REQUEST FOR NATIONAL SERVICE FORM**

Under the National and Community Service Act of 1990, as amended, borrowers serving in approved national service positions in AmeriCorps qualify for mandatory forbearance during service, which postpones the member’s obligation to make loan payments. Federal Family Education Loan Program (FFELP) loan forbearances may be granted in increments of up to 12 months at a time. Members may reapply if they continue service. Forbearance is granted by the lender.



**Mandatory forbearance** for approved national service positions is available for the following educational loans: Federal Family Education Loans (Subsidized and Unsubsidized Stafford Loans, Supplemental Loans to Students (SLS), Consolidation Loans), William D. Ford Federal Direct Loans (Direct Subsidized and Unsubsidized Stafford/Ford Loans, and Direct Consolidation Loans), Federally Insured Student Loans (FISL), Health Education Assistance Loans (HEAL), Health Professions Student Loans (HPSL), Loans for Disadvantaged Students (LDS), Nursing Student Loans (NSL), and Primary Care Loans (PCL). Other deferments/forbearance may be available for Federal Perkins Loans and loans **made directly to the member** by a state agency.

During the service period interest continues to accrue. Upon successful completion of the term of service and receipt of an education award the National Service Trust will pay all or a portion of the interest that has accrued. If a member leaves service early for other than compelling personal circumstances, he or she will be responsible for payment of interest. If the interest is not paid it may be capitalized. If a member is past due on payments not covered by the forbearance period, the loan holder may grant an administrative forbearance to resolve the delinquency at the time this request is processed and may capitalize all unpaid interest.

**INSTRUCTIONS**

**FOR THE AMERICORPS MEMBER**: Complete one of these forms for each of your service periods. After completing the *Member* section, give the form to your program director or state office official who will forward the request to **the lending institution or loan servicer you have named below**.

**FOR THE PROGRAM DIRECTOR OR (VISTA) STATE OFFICE**: After certifying the member’s participation in the space provided, forward the form to **the lending institution or loan servicer named below**.

**MEMBER SECTION (Must be completed in full and signed in ink by the AmeriCorps member - please print)**

Name of AmeriCorps Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Service Period Dates are Mandatory**

beginning date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ estimated completion date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mo Day Year Mo Day Year

Signature of AmeriCorps Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting forbearance on my loan(s) and am serving in an AmeriCorps program.

**Please use one form for each loan holder you want to receive a forbearance request. Provide the name and address of the loan holder.**

|  |
| --- |
| Name of Lending  Institution/Loan Servicer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR COMPLETION BY CERTIFYING OFFICIAL**

**I certify that this borrower is serving in a qualified national service position for the period indicated above:**

Signature of certifying official & office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s program name & address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Act Statement**: In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, as amended. The primary purpose of the information is to enable an AmeriCorps member to receive forbearance on qualified student loans during a period of service. Information is for official use only, and will be provided only to lending institutions identified by the individual, in order for that institution to grant forbearance. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109), for use as a taxpayer identification number. Disclosure is MANDATORY because the Internal Revenue Service has determined that the education award is taxable income in the year it is paid and because the holder of a student loan maintains the information by the borrower’s SSN. Furnishing all other information on this form is voluntary, but failure to do so may result in a denial of a payment being made from your account or it may delay a payment from your account or delay the granting of a forbearance request.

**Public reporting burden** for this collection of information is estimated to average 10 minutes per response, including reviewing instructions, gathering and providing the information needed to complete the form. Send comments regarding this burden or content of this instrument to: Corporation for National and Community Service, National Service Trust, 250 E Street SW, Washington, DC 20525. The Corporation informs the potential person(s) who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form. (See 5 C.F.R. 1320.5(b)(2)(I)).

**For Official Use Only OMB Number 3045-0030, Expires 03312016**