

<b>MANDATORY FORBEARANCE REQUEST</b> <b>Medical or Dental Internship/Residency, National Guard Duty, or</b> <b>Department of Defense Student Loan Repayment Program Forbearance</b> William D. Ford Federal Direct Loan (Direct Loan Program) / Federal Family Education Loan (FFEL) Program	OMB No. 1845-0018 Form Under Review Expiration Date xx/xx/xxxx
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**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.

You never need to pay for help with your federal student loans. Your loan servicer will help you for FREE. [Contact your servicer](#) if you have questions about this form or need any information regarding your federal student loans.

**SECTION 1: BORROWER INFORMATION**

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Please enter or correct the following information.

Check this box if any of your information has changed.

Social Security Number (SSN) \_\_\_\_\_

Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone – Primary \_\_\_\_\_

Phone - Alternate \_\_\_\_\_

Email \_\_\_\_\_

**SECTION 2: BORROWER DETERMINATION OF FORBEARANCE ELIGIBILITY**

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**Carefully read the entire form before completing it.** Complete the applicable part of Section 2 in its entirety. This form covers three different types of forbearance. 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 program?

Yes - Continue to Item 2.

No - You are not eligible for this forbearance.

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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. Is completion of all or a portion of the program 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.

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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 - Complete Section 3 and have an authorized official (a commanding or personnel officer) complete Section 4.
- 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 a 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 3: BORROWER REQUESTS, UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION**

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**I request:**

- 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 my forbearance for up to 12 months unless I specify an earlier end date: (mm-dd-yyyy)\_\_\_\_\_ .
- If checked, to make interest payments on my loans during forbearance.

**I understand:**

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- I am not required to make payments of loan principal or interest during forbearance.
- My forbearance will begin on the later of the date my loan holder determines, or the date the program or service that qualifies me for forbearance began, as certified by the authorized official.
- My loan holder may grant me an additional forbearance while processing my form or to cover any period of delinquency that exists when I submit my form.
- My forbearance will end on the earlier of the date I am no longer eligible for the forbearance, 12 months from the start date of 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 FFEL Program loans that are not held by the Department during or at the expiration of my forbearance.

**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 eligibility.
- I will notify my loan holder immediately when my eligibility for the forbearance ends.
- I have read, understand, and meet the eligibility requirements in Section 2.
- I will repay my loans according to the terms of my promissory note, even if my request is not granted.

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 prerecorded voice or text messages.

**Borrower's Signature** \_\_\_\_\_

**Date (mm-dd-yyyy)**\_\_\_\_\_

**SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION**

**Do not complete this section unless the borrower has completed the applicable part of Section 2 in its entirety. Note:** As an alternative to having an authorized official complete this section, you may attach separate documentation from an authorized official that includes all of the information requested below

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and a certification that you and the program meet all conditions indicated by your responses in Section 2. For the National Guard Duty forbearance, you may attach a copy of your orders.

- The program/service begins/began on: (mm-dd-yyyy)\_\_\_\_\_
- The program/service is expected to end/ended on: (mm-dd-yyyy)\_\_\_\_\_

**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 \_\_\_\_\_

Phone \_\_\_\_\_

**Official's Signature** \_\_\_\_\_

**Date (mm-dd-yyyy)**\_\_\_\_\_

**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, 2024 = 03-14-2024. 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.**

If you are an endorser, you may request forbearance only when you are required to repay the loan because the borrower is not making payments. If you have a loan that was made jointly to you and your spouse (as co-makers), both of you must individually meet the requirements for a forbearance and each of you must submit a separate forbearance request.

**SECTION 6: DEFINITIONS**

The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford

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(Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) 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).

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 a Direct Loan Program or FFEL Program. Capitalization causes more interest to accrue over the life of the loan and may cause your monthly payment amount to increase. The Capitalization Chart below provides an example of the monthly payments and the total amount repaid for a \$30,000 unsubsidized FFEL Program loan. The example loan has a 6% interest rate and the example 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 **co-maker** is one of the two individual who are joint borrowers on a Direct or Federal Consolidation Loan or a Federal PLUS Loan. Both co-makers are equally responsible for repaying the full amount of the loan.

A **deferment** is a period during which you are entitled to postpone repayment of your loans. Interest is not charged to you during a deferment on your subsidized loans. Interest is always charged to you during a deferment on your unsubsidized loans. Unpaid interest that accrues during a deferment on an unsubsidized Direct Loan or on an unsubsidized FFEL Program loan that is held by the Department is capitalized at the end of the deferment period. Unpaid interest that accrues during a deferment on a FFEL Program loan that is not held by the Department is capitalized at the end of the deferment but may be capitalized as frequently as quarterly on loans disbursed prior to 7/1/2000.

An **endorser** is an individual who agrees to repay a Direct PLUS Loan or Federal PLUS Loan if the borrower does not repay the loan.

A **forbearance** is a period during which you are permitted to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. Interest is charged during a forbearance on both subsidized and unsubsidized loans. Unpaid interest that accrues during a forbearance on a Direct Loan or on a FFEL Program loan that is held by the Department is not capitalized. Unpaid interest that accrues during a forbearance on a FFEL Program loan that is not held by the Department may be capitalized at the end of the forbearance but may be capitalized as frequently as quarterly on loans disbursed prior to 7/1/2000.

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The **holder** of your Direct Loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. The holder of your Perkins Loans is an institution of higher education 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.

**Capitalization Chart (Note: this chart only applies to FFEL Program loans that are not held by the Department)**

Treatment of Interest with Forbearance	Loan Amount	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

**SECTION 7: WHERE TO SEND THE COMPLETED APPLICATION**

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

**SECTION 8: HELP WITH COMPLETING THE APPLICATION**

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

**SECTION 9: IMPORTANT NOTICES**

**Privacy Act Statement.**

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**Authority:** The authorities for collecting the requested information from and about you are §421 et seq. or §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. or 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 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.

**Purpose:** The principal purposes for collecting the information on the Mandatory Forbearance Request form for Medical or Dental Internship/Residency, National Guard Duty, or Department of Defense Student Loan Repayment Program Forbearance, 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 FFEL and/or Direct Loan Programs, to permit the servicing of your loans, to enforce the conditions or terms of a title IV, HEA obligation, to originate, disburse, service, collect, assign, adjust, transfer, refer, furnish credit information for, and discharge a title IV, HEA obligation, to verify whether a title IV, HEA obligation qualifies for discharge, to determine credit balances to be refunded by the U.S. Department of the Treasury (Treasury) to the individual or loan holder, 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.

**Disclosures:** The information provided on the Mandatory Forbearance Request form Medical or Dental Internship/Residency, National Guard Duty, or Department of Defense Student Loan Repayment Program Forbearance will only be disclosed outside of the U.S. Department of Education (Department) with prior written consent or as otherwise allowed by the Privacy Act of 1974, as amended (Privacy Act) (5 U.S.C. 552a). One of the exceptions to the Privacy Act’s prior written consent requirement that allows for disclosure, without consent, is for “routine uses” that the Department publishes in our System of Records Notices (SORNs). The Department may disclose, without consent, the information provided on a Graduate Fellowship Deferment form, on a case-by-case basis or under a computer matching program, to third parties pursuant to the routine uses identified in the “Common Services for Borrowers (CSB) System” (18-11-16) SORN. This notice is available on the Department’s “Privacy Act System of Record Notice Issuances (SORN)” webpage located at <https://www2.ed.gov/notices/ed-pia.html>.

These routine uses include, but are not limited to, the following:

- To verify the identity of the individual who records indicate has applied for or received title IV, HEA program funds, disclosures may be made to guaranty agencies, educational and financial institutions, and their authorized representatives; to Federal, State, Tribal, or local agencies, and their authorized representatives; to private parties, such as relatives, business and personal associates, and present and former employers; to creditors; to consumer reporting agencies; to



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adjudicative bodies; and to the individual whom the records identify as the party obligated to repay the title IV, HEA obligation;

- To determine program eligibility and benefits, disclosures may be made to guaranty agencies, educational and financial institutions, and their authorized representatives; to Federal, State, or local agencies, and their authorized representatives; to private parties, such as relatives, business and personal associates, and present and former employers; to creditors; to consumer reporting agencies; and to adjudicative bodies;
- To provide customers with information to help them make informed decisions on repayment options, including deferment, forbearance, and recurring auto debit, based on their unique situations, disclosures may be made to guaranty agencies, educational and financial institutions, and their authorized representatives; and to Federal, State, or local agencies, and their authorized representatives.

For additional routine uses, view the “Common Services for Borrowers (CSB) System” (18-11-16) SORN. This notice is available on the Department’s “Privacy Act System of Record Notice Issuances (SORN)” webpage located at <https://www2.ed.gov/notices/ed-pia.html>.

**Consequences of Failure to Provide Information:** Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and providing the Department your SSN and requested information is mandatory to participate

**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, contact your loan holder directly.**