

FORBEARANCE REQUEST

NDSL / Perkins / Federal Perkins Loan(s)

Admin 207-D Cedar City UT 84720 Deferment of Principal / Principal and Interest / Reduced Payments Phone (435) 586-7728 Fax (435) 865-8064 All information must be complete. Incomplete requests will not be considered.

NAME OF BORROWER

351 W University Blvd

SOCIAL SECURITY NUMBER

T Number

ADDRESS

CITY, STATE, ZIP _____

Telephone-Home()	E=Mail Address
Telephone-Other()	

FORBEARANCE REQUEST: I am temporarily unable to repay my loan(s) according to my repayment schedule and hereby request forbearance for months (for intervals of up to 12 months for periods that collectively do not exceed three years under the terms and conditions specified in your promissory note.) If this forbearance request is approved, I am requesting that SUU grant a forbearance on my Federal Perkin loan (s) beginning not to exceed 12 months. At the end of the forbearance, I may apply to renew the forbearance if I am still experiencing a financial hardship.

I am willing but unable to make my current Federal Perkins Loan Payments due to the temporary financial hardship. I am requesting this Forbearance because:

For the following reason:

The amount of my monthly Title IV loans is collectively equal to or greater than 20 percent of my total monthly income.

I qualify under a National military mobilization or other national emergency, as defined by the Secretary of the Department of Education

Loss of income due to loss of spouses' job

Unexpected family medical expenses

Loss of income due to spousal abandonment, or divorce

Family emergency

Other

Attach letter explaining current difficulties.

Required Verifications:

Evidence of the amount of the m ost recent tot al household monthly income

AND

Evidence showing the amount of the monthly payments for the most recent month for your Title IV loans.

OR

Evidence of national military mobilization or borrowers who are serving in AmeriCorps

OR

Signed statement detailing reasons for request

I understand that interest will accrue during the forbearance period and must be paid. I understand that late charges will be assessed on late payments. I further understand that if I do not pay the interest that accrues I will not be granted forbearance.

CHECK ONE ONLY:

Bill me monthly for the interest that becomes due, plus past due late charges and collection costs. I will remit monthly the amount of interest that becomes due.

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 \$ _____

In order for	this forbearance to be co	to pay the interest accrued, with this application		
and return	the application, check,	and required verification to: Southern Utah University, Loan	Collection Office, 351 W	University Blvd,
Cedar City,	UT 84720.			

I UNDERSATND THAT THE FOLLOWING TERMS AND CONDITIONS APPLY TO THIS FORBEARANCE REQUEST:

(1) I WILL CONTINUE TO RECEIVE BGILLING STATEMENTS FOR MY CURRENT PAYMENT AMOUNT WHICH I MUST PAY UNTIL I AM NOTIFIED BY SUU THAT MY

FORBEARNACE REQUEST HAS BEEN GRANTED.

- (2) SUU MAY GRANT ME FORBEARANCE ON MY LOANS FOR UP TO 60 DAYS, IF NECESSARY, FOR THE COLLECTION AND PROCESSING OF DOCUMENTATION RELATED TO MY FORBEARANCE REQUEST. SUU WILL NOT CAPITALIZE INTEREST HTAT ACCRUES DURING THIS FORBEARANCE.
- (3) SUU WILL NOT GRANT THIS FORBEARANCE REQUEST UNLESS THIS FORM IS COMPLETED AND ANY REQUIRED DOCUMENTATION IS PROVIDED.
- (4) DURING THE FORBEARANCE PERIOD, I AM NOT REQUIRED TO MAKE PAYMENT OF LAON PRINCIPAL AND INTEREST, BUT INTEREST WILL BE CHARGEE ON ALL OF MY LOANS.
- (5) IF I REQUESTED A TEMPORARY SUSPENSION OF PAYMENTS, I WILL RECEIVE AND INTEREST STATEMENT AND I MAY PAY THE INTEREST AT ANY TIME.
- (6) IF I REQUESTED A REDUCED PAYMENT FORBEARANCE, I WILL RECEIVE A MONTHLY BILL FOR THE REQUESTED PAYMENT AMOUNT UNTIL THE FORBEARANCE ENDS, AND ANY UNPAID INTEREST THAT HAS ACCRUED DURING THE PERIOD WILL BE CAPITALIZED AT THE END OF THE FORBEARANCE PERIOD.

I UNDERSTAND THIS FORBEARANCE IS RENEWABLE EVERY12 MONTHS IF NEEDED, BUT NOT TO EXCEED A TOTAL OR 3 YEARS