

REQUEST FOR FORBEARANCE FOR NDSL, PERKINS and UNIVERSITY LONG-TERM (ULTL) LOANS

NAME OF BORROWER:	MAILING ADDRESS (Street, City, State & Zip Code)	<u>Name & Address of Lending Institution</u>
PHONE #: (include Area Code)		University of Missouri Student Loan Repayment Center 14 Jesse Hall Columbia, MO 65211-1020 (573) 882-6654
CELL PHONE #: (include Area Code)		
EMAIL ADDRESS: (By providing your email address you are giving the University permission to discuss your account via your email address)		web: muloans.missouri.edu email: muloans@missouri.edu

INSTRUCTIONS

As the borrower, you must meet one of the conditions listed below in order to qualify for Forbearance as outlined by the federal guidelines. Please read the options carefully and check off the item that best describes your financial situation:

- #1 To qualify for a Hardship Forbearance on my NDSL/Perkins loan, my monthly payments on my Title IV loans (NDSL, Perkins, Stafford, Unsubsidized Stafford, Supplemental Loan, William D. Ford Federal Direct Loan, and William D. Ford Direct Unsubsidized Loan) must equal or exceed 20% of my monthly gross income. To qualify for a Hardship Forbearance on my University Long-term loan (ULTL), my total monthly payment on my Title IV loans + ULTL must equal or exceed 20% of my monthly gross income. Loans in deferment or grace period cannot be included when calculating the annual Title IV loan repayment.
- You must submit the following with this form:
1. Copy of your latest tax return **AND**
 2. Proof of your most recent total monthly gross income **AND**
 3. Documentation showing your monthly payments for Title IV loans.
- #2 I may also qualify for Forbearance due to temporary total disability. By signing below, I authorize my physician or hospital to disclose information regarding my medical condition. **(You must have your physician complete the reverse side of this form)**
- #3 I declare that I will be serving full-time as an Americorp Volunteer from _____^{mo/dy/yr} to _____^{mo/dy/yr}. At the end of my service, I expect to secure from Americorps a voucher that can be used as a payment towards my loan, if I so choose. I understand and agree that if, for any reason, whether through my own doing or because of events beyond my control, I do not complete my service, I will immediately begin payment of my loan, principal and interest, including any payments for which forbearance was conditionally granted in deference to my Americorp Service. **(You must include documentation from Americorp showing your involvement in the program.) CERTIFICATION OF AMERICORPS SERVICE ON REVERSE SIDE.**
- #4 I filed bankruptcy on _____^{mo/dy/yr} in the state of _____, district of _____, case # _____. My bankruptcy was discharged _____^{mo/dy/yr}.
- #5 I am active duty in the U.S. military and my loan(s) will be paid through the DOD Educational Loan Repayment Program.

STATEMENT BY THE BORROWER

I request forbearance on my NDSL/Perkins and/or ULTL student loan(s). I understand that all information and supporting documentation given to the Student Loan Repayment Center will be held in strictest confidence and will not be subject to dissemination outside the requirements of the University of Missouri.

I understand that, if granted, this forbearance is for a maximum of 6 months. If I request forbearance again, then new and current supporting documentation must be submitted. Periods of forbearance cannot exceed 3 years cumulatively.

Interest continues to accrue during forbearance. You may either pay this interest monthly or you may pay this interest as a lump-sum at the end of the forbearance period. I will **(check appropriate item):**

- make monthly interest payments. **(on ULTL must pay interest as it accrues)**
- pay all accrued interest at the end of the Forbearance period. **(Not available on ULTL. Be careful when choosing this option as your payment at the end of the forbearance will be your minimum monthly payment plus all accrued interest.)**

I certify that the required supporting documentation enclosed with this request is true and correct. I also certify that I will immediately notify the Student Loan Repayment Center office of any change in my address, employment status or significant change in my financial condition.

Signature of Borrower:	Date:
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PHYSICIAN'S AFFIDAVIT OF TEMPORARY TOTAL DISABILITY

Under the NDSL/Perkins Student Loan program, administered by the United States Department of Education and the policies of the University of Missouri, a borrower is entitled to have principal payments deferred (for up to three years) during the time which the borrower is temporarily totally disabled. Interest will continue to accrue during periods of forbearance. Please check the method of interest payment on the reverse side of this form. To qualify for the deferment, a borrower must provide the lender who issued the loan with an affidavit from a qualified physician, certifying the borrower's disability.

The following affidavit is for the purpose of establishing eligibility to obtain forbearance for temporary total disability and is in a form acceptable to the United States Department of Education.

I certify that, in my best professional judgment, my patient _____ is temporarily totally disabled as a result of illness or injury and is unable to either to attend school or to be gainfully employed. The nature of this patient's illness is _____

The patient's temporary total disability began on: _____. I anticipate that this patient will recover from this disability to the extent that he/she will be able to either attend school or be gainfully employed by _____.

I am legally authorized to practice medicine/osteopathy in the State of _____. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Physician's Address: (Institution, Dept, City, State & Zip Code)	Physician's Professional License #:	Physician's Phone #:
	Signature of Physician (M.D. or D.O.):	

CERTIFICATION OF AMERICORP SERVICE

(to be completed by Americorp Official)

I certify that the borrower's declaration as to his/her employment as a full-time Americorp volunteer from _____^{mo/dy/yr} to _____^{mo/dy/yr}, the completion of his/her service, and the description of his/her duties are true and correct. If a separate sheet is used to detail the job description, please sign that sheet as well.

Location of Service:	Title of Authorizing Official:	Official Stamp or Seal:
Americorp Address: (Street, City, State, & Zip Code)	Signature of Authorizing Official:	
		Phone #: (include Area Code)

To Be Completed By Lending Institution

Beginning date of forbearance:	Ending date of forbearance:
Forbearance processed on:	Forbearance processed on: