

Request for Forbearance

Please consider my request for a forbearance covering the period from _____ to _____

Name _____ Account #(s) _____

Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

Marital Status

_____ Single _____ Widow(er) _____ Married _____ Separated/Divorced

Dependents	Name	Relationship	Age
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Employment History

Current Employer _____ Years employed _____

Address _____ Phone # _____

Previous Employer _____ Years employed _____

Address _____ Phone # _____

Income/Asset Summary

Monthly Gross Income \$ _____ Employer Name _____

Spouse's Monthly Gross Income \$ _____ Employer Name _____

Total Other Monthly Income \$ _____

Please describe source of this income (public assistance, alimony, child support, etc.): _____

Checking Account Balance \$ _____ Savings Account Balance \$ _____

Monthly Expense Summary

Mortgage/Rent \$ _____	Utilities \$ _____	Medical/Dental \$ _____
Food \$ _____	Clothing \$ _____	Child Care \$ _____
Transportation \$ _____ (gas, parking, maintenance)	Entertainment \$ _____	Insurance \$ _____
Miscellaneous \$ _____	Alimony \$ _____	Child Support \$ _____

Loans/Credit Card Payments

Please list name of creditors. Include student loans, car loans and credit cards.

<u>Creditor</u>	<u>Loan Amount</u>	<u>Balance Outstanding</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any additional information that you feel may be helpful regarding your current situation. If any of your student loans are currently in forbearance with other lenders, please include supporting documentation.

I certify that all statements made above are true and correct. I will notify my lending institution if my present situation changes.

 Signature Date

For Institution Use Only:

____ Approved for the period covering _____ through _____. Next Due Date _____
 ____ Disapproved. Reason: _____

 Authorized Signature Date