

CAMPUS PARTNERS  
FORBEARANCE REQUEST



READ BEFORE COMPLETING FORM. ALL BLOCKS MUST BE COMPLETED OR INDICATED "N/A" IF NOT APPLICABLE. INCOMPLETE ITEMS WILL BE CAUSE FOR REJECTION. INSTRUCTIONS FOR COMPLETING THIS FORM ARE ATTACHED.

If you are experiencing financial difficulties which prevent you from making timely payments on your loan(s), you may be eligible for a forbearance arrangement. Forbearance is granted at the lender's option. The forbearance option is provided as an alternative to regular monthly payments for borrowers. This option is available for six (6) month periods per request and can be renewed upon submission of a new form. This option is available for a cumulative period of 12 or 24 months depending on your loan program. You may be required to make interest payments during part of your forbearance period depending on your loan program. Accrued and unpaid interest will be capitalized at the end of your forbearance period and will be included in the repayment schedule once the forbearance period has ended. Your loan term will not be extended due to the forbearance.

BORROWER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Return Completed Form To:  
Campus Partners  
P.O. Box 2901  
Winston-Salem, NC 27102-2901  
1-800-315-4950

TELEPHONE (DAY) (\_\_\_\_) \_\_\_\_\_ TELEPHONE (EVENING) (\_\_\_\_) \_\_\_\_\_  
ACCOUNT NUMBER or SOCIAL SECURITY NUMBER \_\_\_\_\_

Do You ( ) Rent ( ) Own  
If renting, Landlord's Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

BORROWER FINANCIAL DATA

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NET MONTHLY SALARY \$ \_\_\_\_\_ OTHER INCOME \$ \_\_\_\_\_  
SOURCE OF OTHER INCOME \_\_\_\_\_

<b>REASON FOR REQUEST</b>			
Unemployment	<input type="checkbox"/>	Illness	<input type="checkbox"/>
Other	<input type="checkbox"/>	(Describe)	_____

FORBEARANCE REQUESTED FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \*not to exceed 6 months  
MM DD YY MM DD YY

FORBEARANCE OPTION: (Choose One)

I choose to **PAY INTEREST** during the forbearance period.

I choose to **MAKE NO PAYMENTS** during the forbearance period.

You must submit the following additional documentation: 1040 tax return (most recent year), W-2 form(s) (most recent year); and detailed list of revenues and expenses as well as any supporting bills, invoices, or receipts to support the detailed expenses. If this information is not included with your forbearance form, your request may be denied.

I certify that I am unable to make payments according to the present term of my loan. I further understand that any unpaid interest will be added to my outstanding balance at the end of the forbearance period. My monthly payments will be calculated at the end of the forbearance based on the then principal balance including any accrued and unpaid interest. I understand that should my situation under which I applied for forbearance change, I must notify Campus Partners.

There is a one time forbearance processing fee of \$25.00. Please indicate how you wish this fee to be handled:

**I wish to pay the fee upfront with my forbearance information:**

*(Please enclose your check or money order payable to Campus Partners. Please include your account number on your payment. Do not send cash.)*

**Please add the fee to my loan account:**

The information contained within this forbearance request is true and correct to the best of my knowledge.

**BORROWER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COSIGNER'S SIGNATURE** (if applicable) \_\_\_\_\_ **DATE** \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

Interest-only Payments

Accrued Interest & Capitalize

Date Received \_\_\_\_\_ Examiner \_\_\_\_\_ Approved  Denied

Forb Type: UG

## INCOME & EXPENSES SUMMARY

The following information is requested to determine your eligibility for hardship/unemployment deferment, forbearance, or a revision of your repayment schedule. The information you provide will remain confidential, however, we reserve the right to use this information if collection efforts become necessary. We also reserve the right to use a credit report to verify the information you provide.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (home)  
 \_\_\_\_\_ (work)  
 \_\_\_\_\_ (cell)

Account Number(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

**1. Marital Status:**

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

**2. Number of Dependents:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Monthly Income from ALL Sources\*:**

Gross Monthly Salary/Wages \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Alimony/Support \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Public Assistance \$ \_\_\_\_\_  
 Social Security/Veteran \$ \_\_\_\_\_  
 Stocks, Bonds & Investments \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Monthly Income:** \$ \_\_\_\_\_

**4. Checking Account Balance:** \$ \_\_\_\_\_

**5. Savings Account Balance:** \$ \_\_\_\_\_

**6. Monthly Expenses:**

Rent/Mortgage: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Child Care: \$ \_\_\_\_\_  
 Car Payments: \$ \_\_\_\_\_  
 Other Vehicle(s) \$ \_\_\_\_\_  
 Public Transportation: \$ \_\_\_\_\_  
 Insurance: \$ \_\_\_\_\_  
 Telephone: \$ \_\_\_\_\_  
 Cellular Phone/Pager: \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Credit Card(s) \$ \_\_\_\_\_  
 Other Charge Accounts: \$ \_\_\_\_\_  
 Medical: \$ \_\_\_\_\_  
 Cable/Satellite TV: \$ \_\_\_\_\_  
 Entertainment: \$ \_\_\_\_\_  
 Clothing: \$ \_\_\_\_\_  
 Dry Cleaning: \$ \_\_\_\_\_  
 Cleaning/Yard Service: \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Monthly Expenses:** \$ \_\_\_\_\_

\*Attach documentation to substantiate all income AND expense entries.



## Instructions for Completing Forbearance Form

### What You Need to Know about Forbearance

- Your loan program allows for a total of **twelve months** of no payment forbearance and **twelve months** of interest-only payments for the life of the loan.
- Upon approval, we will grant forbearance periods in increments of six months at a time.
- At the end of the six month period, you will need to reapply for additional forbearance periods.
- Your loan term will not be extended as a result of the forbearance periods.
- There is a one time forbearance processing fee of \$25. You may pay this fee up front or we can add this fee to your loan, if you wish.
- By choosing the interest only option, you can decrease the total cost of your private education loan by preventing additional accrued interest during the forbearance period.
- Any forbearance option increases the overall cost to you for your private education loan.
- Unpaid accrued interest during the forbearance period will be capitalized at the end of the forbearance period.

### Cosigner

If your loan has a cosigner, we require your cosigner to sign the request form for forbearance. Your cosigner is legally obligated for the repayment of your private education loan should you fail to make payment. Given the cosigner's obligation, and since periods of forbearance impact the cost of your loan, the cosigner may have objections to this option.

### Next Steps

To apply for loan forbearance:

- Fully complete all portions of the Forbearance Request form and sign and date the form.
- Complete the Expense Summary Form.
- Please submit these **forms, a copy of your most recent income tax return, and documentation to substantiate all income and expenses** to the correspondence address listed below.

Campus Partners  
P.O. Box 2901  
Winston-Salem, NC 27102-2901  
1-800-315-4950

- Campus Partners will review this information to determine forbearance eligibility and inform you of the status of your forbearance once we have received and reviewed your information. In the interim, you should continue to make your regularly scheduled monthly payments.

**HOW TO CONTACT CAMPUS PARTNERS**

<b>Questions and Information:</b>	1-800-315-4950 (M-F 8 AM to 7 PM EST)
<b>Automated Voice Response System:</b>	Sun - Fri 6 AM to 12 PM EST and Sat 7 AM to 12 PM EST
<b>Please Send Payments <u>with</u> Payment Stubs to:</b>	Campus Partners - KLIK Technologies P O Box 970004 Boston, MA 02297-0004
<b>Please Send Payments <u>without</u> Payment Stubs to:</b>	Campus Partners P O Box 2901 Winston-Salem, NC 27102-2901
<b>Please Address Correspondence to:</b>	Campus Partners P O Box 2901 Winston-Salem, NC 27102-2901
<b>Please Send Priority Mail to:</b>	Campus Partners 3330 Healy Dr. Suite 105 Winston-Salem, NC 27103