

**THE EDUCATION RESOURCES INSTITUTE, INC.**  
**REQUEST FOR FORBEARANCE**

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

If you are experiencing financial difficulties which prevent you from making timely payments on your TERI Guaranteed Loan obtained through BAC or BRAZOS, you may be eligible for a forbearance arrangement. Forbearance is granted at the lender's option. The following 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 period of 12 months. Accrued and unpaid interest will be included in the repayment schedule once the forbearance period has ended. If your account is delinquent, the forbearance to cover the delinquent period will be included in the six (6) month forbearance request.

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

Return Completed Form To:  
Campus Partners  
P.O. Box 1830  
Winston-Salem, NC 27102-2901  
1-800-315-4950  
Fax: 336-607-2093

TELEPHONE (DAY) (\_\_\_\_) \_\_\_\_\_ TELEPHONE (EVENING) (\_\_\_\_) \_\_\_\_\_  
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 \_\_\_\_\_

**REASON FOR REQUEST**

Unemployment  Illness  Other  (Describe) \_\_\_\_\_

**FORBEARANCE REQUESTED FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY MM DD YY

If you have previously applied and been approved for six (6) months of forbearance, you must submit the following documentation: 1040 tax return (most recent year), W-2 form(s) (most recent year); and detail list of revenues and expenses. If this information is not included with your request for an additional six (6) months of forbearance the 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. Unless otherwise indicated, the forbearance for which I applied will be placed on all TERI insured loans serviced by Campus Partners.

The information is true and correct to the best of my knowledge.

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

**FOR OFFICE USE ONLY**

Interest-only Payments  Accrued Interest & Capitalize

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

## 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: \_\_\_\_\_ Account Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (home) Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ (work) Social Security Number: \_\_\_\_\_  
\_\_\_\_\_ (cell)

### 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.