

Campus Partners
INSTITUTIONAL LOAN
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 student loan, 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 and is available for a six-(6) month period. I understand that I must pay the interest that continues to accrue during this period of forbearance. **If you are requesting this forbearance due to Internship/Residency or in-school status, you must provide certified documentation.**

BORROWER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Return Completed Form To:
Campus Partners
P.O. Box 2901
Winston-Salem, NC 27102-2901
1-800-334-8609
Fax: 336-607-2093

EMAIL ADDRESS _____
WORK PHONE (____) _____ HOME PHONE (____) _____
CELL PHONE (____) _____
SOCIAL SECURITY NUMBER _____
ACCOUNT NUMER _____

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 (Circle Appropriate Reason) | | | |
| Unemployment | Illness | Other | (Describe) _____ |

FORBEARANCE REQUESTED FROM ___/___/___ **TO** ___/___/___
MM DD YY MM DD YY

FORM OF FORBEARANCE (Select one option):

Temporarily stop making payments during the period I have indicated above. I am aware that interest will continue to accrue, and I wish to pay this interest:

- in a lump sum at the end of the forbearance period; or
- as it accrues. If I choose this option, I will be billed for accrued interest each month or quarter.

Your lender may require an option other than your selection. You will be notified.

I certify that I am unable to make payments according to the present terms of my loan. I further understand that I am responsible for paying the accrued interest either during the forbearance or at the end. I understand that should my situation change under which I applied for forbearance, I must notify Campus Partners or my lending institution.

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

BORROWER'S SIGNATURE _____ DATE _____

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 \$ _____
Spouse's 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

inc & exp sum (6-09)

