## NURSE FACULTY LOAN FORBEARANCE REQUEST FORM

Borrower Name: Account Nu			umber:			
Street Address:		Social Security Number:				
City/State/Zip:	I	Institution that granted this loan:				
Email Address:		Phone: Work (_	)	Home (	)	
Cell Phone: ( )						
If poor health or your present finan may be able to grant you a forbear continue to accrue. You may pay when the forbearance period ends. forbearance of your loan. Read this will notify you of our decision. You IF YOU ARE PAST DUE ON YOU SOON. Collection activities will cowill be made, and if your payments.	the interest as it accrues or all You must complete this enterest form carefully before signing to must continue making your UR PAYMENTS, IT IS ESPENTITURE against you until we have	ncipal payments and allow it to be addectire form and show g it. When we receive regular monthly paccially IMPOR ave received and apparents.	e delayed du  I to your out  I due finance  Eive your receptayments unt  FANT THA  prove this for	aring forbearance; how tstanding principal ba ial hardship before we quest, we will review it il your forbearance re T YOU RETURN TH orm; late notices will be	vever, interest will lance (capitalized) re can grant you a it immediately and equest is approved. HIS FORM TO US be sent, phone calls	
If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to the lending institution which granted your loan. You must provide the reason for you financial hardship before we can grant a forbearance of your loan. Contact your lending institution if you have any questions.						
BORROWER FINANCIAL	<u>DATA</u>					
Employer Name	Address	City/State/Zip				
Years Employed	Net Monthly Salary	Other Income Source of Other Income		Income		
Monthly Expenses:						
RENT/MORTGAGE:	UTILITIES:	FOO	OD:	OTHER:		
Creditor's Information:						
Name of Creditor	City/State		nthly ment	Balance	Past Due Amount	
*Additional information may be printed	on back.					
REASON						
Although I intend to repay my N below):	FLP loan balance, I am ten	nporarily unable	to make pay	yments because (sta	te reason	

## **AGREEMENT**

I request a forbearance of my NFLP loan starting accrued interest may be added to and become a part of the period. The projected capitalized interest during the forbe monthly payments on I will make payments due on the same day of each month as the day to principal amount of the loan is paid off. I understand that statement listing the activity on the loan and the outstanding	e principal of the loan at the carance period is \$ents of approximately \$he first regular payment is of periodically I will be provi	end of the forbearance I will resume per month with lue until the full unpaid ded with an account
(Signature of Borrower)	(Date)	·
(Lending School) and/or other communications regarding forbearance recorrepay the NFLP loan but is currently unable to make loan Do you understand that you must be employed as a full-tieligible for loan cancellation? Yes No	payments.	hat the borrower intends to
(Accepted by Authorized Official)	(Date	

Once properly completed, please return this form to your lending institution.