

Confidential Financial Statement

BORROWER INFORMATION

Name: _____
 SSN#: _____
 Address (No PO Box): _____ Apt: _____
 City, State: _____ Zip: _____
 Home Phone (with Area Code): _____
 Employer: _____
 Address: _____ Apt: _____
 City, State: _____ Zip: _____
 Work Phone (with Area Code): _____
 Cell Phone (with Area Code): _____
 E-mail Address: _____

PERSONAL REFERENCE *parent, guardian, other relative*

Name: _____
 Address: _____ Apt: _____
 City, State: _____ Zip: _____
 Home Phone (with Area Code): _____
 Work Phone (with Area Code): _____
 Fax (with Area Code): _____
 E-mail Address: _____

PERSONAL REFERENCE *parent, guardian, other relative*

Name: _____
 Address: _____ Apt: _____
 City, State: _____ Zip: _____
 Home Phone (with Area Code): _____
 Work Phone (with Area Code): _____
 Fax (with Area Code): _____
 E-mail Address: _____

SPOUSE/FAMILY INFORMATION

Name: _____
 Number of Dependents: _____ Phone: _____

MONTHLY INCOME FROM ALL SOURCES

(Use monthly totals for each category.)
 Borrower's Gross Income: _____
 Spouse's Gross Income: _____

LIST OTHER SOURCES OF INCOME

Such as: public aid, unemployment compensation, alimony etc.

Source	Amount
_____	\$ _____
_____	\$ _____
	Total \$ _____

TOTAL MONTHLY INCOME

(Add all amounts in this section) \$ _____

MONTHLY EXPENSES *(Use monthly totals for each category.)*

Rent/Mortgage Payment/Taxes	_____	\$ _____
Food	_____	\$ _____
Utilities: Gas, Electric, Phone	_____	\$ _____
Auto Loan/Lease	_____	\$ _____
Auto Expenses/Gas, Insurance	_____	\$ _____
Credit Card Payment	_____	\$ _____
Medical Bills	_____	\$ _____
Alimony/Child Support Paid	_____	\$ _____
Other Expenses	_____	\$ _____
Student Loan Payment		
Stafford	_____	\$ _____
Alternative	_____	\$ _____
Private	_____	\$ _____
Perkins	_____	\$ _____
PCL/HPSL	_____	\$ _____
Other	_____	\$ _____

TOTAL MONTHLY EXPENSES

(Add all amounts in this section) \$ _____

Based on my eligibility I am applying for a FORBEARANCE. The reason for this request is:

- I am in an Internship or Residency Program. (Enclose documentation including beginning and ending dates of the Internship or Residency Program.)
- I am serving in the Military or a National Service Position. (Enclose documentation including beginning and ending date of service.)
- I am qualified for a partial repayment of my loan by the Department of Defense (Send DOD forms authorizing payment.)
- My total monthly educational loan repayment exceeds 20% of my monthly income.
- I have other financial hardship. Specify: _____

By signing this form, I certify that the information provided is true and correct. By signing this form, based on my eligibility, I am requesting relief from my standard scheduled monthly payment. I understand that my interest that will accrue during the forbearance period may be capitalized (added to my principal balance).

Signed _____ Date _____



Please mail Alternative Loan Forbearance requests to:

IDAPP c/o ECSI
 181 Montour Run Road
 Coraopolis, PA 15108

If you have any questions please call ECSI at:
 866.927.1441

www.ecsi.net