

WEST VIRGINIA UNIVERSITY REQUEST FOR FORBEARANCE

Forbearance is a temporary postponement of payments. Interest continues to accrue during any period of forbearance.

NAME OF BORROWER			SOCIAL SECURITY #	
_____	_____	_____	-	-
First	Middle	Last		
ADDRESS			HOME PHONE #	
_____			(____) _____ -	
CITY	STATE	ZIP CODE	EMAIL ADDRESS	
_____	_____	_____	_____	
Please list the name, address and phone number of someone who will always know your whereabouts but does not live at your residence.				
NAME				

ADDRESS				

CITY	STATE	ZIP CODE	PHONE #	
_____	_____	_____	(____) _____ -	

SECTION 1 – FORBEARANCE TYPE			
Applicable to Perkins, Nursing, Health Professions, Disadvantaged, WV Medical Loan and other institutional loans.			
<p>I request forbearance on my loans because:</p> <p>A <input type="checkbox"/> My student loan payments are equal to or greater than 20% of my total monthly income. Skip sections 2 and 6.</p> <p>B <input type="checkbox"/> I am unable to make scheduled payments due to “poor health” (temporarily – totally disabled). Skip sections 2 and 5.</p> <p>C <input type="checkbox"/> Serving in AmeriCorps. Skip sections 5 and 6.</p> <p>D <input type="checkbox"/> National Military mobilization Skip sections 5 and 6.</p> <p>E <input type="checkbox"/> National Emergency. Skip sections 5 and 6.</p>			
Forbearance beginning date ____/____/____ ending date ____/____/____ (cannot exceed 12 months)			

SECTION 2 – CERTIFICATION (TO BE COMPLETED BY BORROWER’S APPROPRIATE OFFICIAL)			
I certify that the reason in Section 1 is true and correct. Attached is the necessary documentation.			
_____ Signature commanding officer or supervisor		_____ Title	
_____ Name of Institution or organization		_____ Phone #	_____ Date
_____ Address	_____ City	_____ State	_____ Zip

SECTION 3 – DIRECT/STAFFORD LOANS			
1. I have Direct/Stafford Loans and have applied for a forbearance on those loans:	____ YES	____ NO	
2. My forbearance on my Direct/Stafford Loans was granted:	____ YES	____ NO	
3. If the answer to questions #2 was “yes” -- attach a copy of the Direct/Stafford forbearance approval to this request.			

SECTION 4 – BORROWER CERTIFICATION	
I certify that the information on this form is true and correct and all supporting documentation is attached. I also understand that if my forbearance is granted that interest will still accrue.	
_____ Signature	_____ Date

SECTION 5 – INCOME AND EXPENSES

MONTHLY INCOME	STUDENT LOAN INFORMATION		
* _____ My Gross Wages	Loan Type	Loan Amount	Monthly Payment
* _____ My Spouse's Gross Wages	* _____	\$ _____	\$ _____
** _____ Public Assistance	* _____	\$ _____	\$ _____
** _____ Unemployment	* _____	\$ _____	\$ _____
** _____ Child Support	* _____	\$ _____	\$ _____
** _____ Other Income	* _____	\$ _____	\$ _____
** _____ Workmen Comp.	* _____	\$ _____	\$ _____
\$ _____ TOTAL	TOTAL	\$ _____	\$ _____
*PLEASE FURNISH CHECK STUB	**PLEASE FURNISH EVIDENCE		

SECTION 6 – STATEMENT OF DISABILITY (Completed by Physician)

Patient's Name _____ Subjective Symptoms _____

Relationship to Borrower _____ Objective Symptoms _____

Date When Symptoms First Appeared _____ Diagnosis _____

Date accident occurred _____ **IF NEEDED PLEASE ATTACH A SEPARATE SHEET OF PAPER**

TREATMENT

First visit date _____ Last visit date _____ Frequency of visits (weekly, monthly, other) _____

PROGRESS

Present condition (check one): Recovered _____ Unchanged _____ Improved _____ Retrogressed _____

Is patient (check one): Ambulatory _____ Bed Confined _____ House Confined _____ Hospital Confined _____

Extent of Disability

Is patient "NOW" totally disabled for (check one): Any occupation ___Yes ___No Regular occupation ___Yes ___No

If no, when is or was the patient able to go to work? _____

If yes, is patient a suitable candidate for rehabilitation? _____Yes _____No

Physician Name _____ Physician License # _____

Address _____

City _____ State _____ Zip _____

Phone # _____ FAX # _____

Signature _____ Date _____

TO BE COMPLETED BY WEST VIRGINIA UNIVERSITY

APPROVED: From: _____ / _____ / _____ To: _____ / _____ / _____

DISAPPROVED: REASON _____ :

SIGNATURE OF WVU OFFICIAL _____ DATE _____

If you have any questions, contact WVU at 304/293-2809. Return this form along with supporting documentation (if required) to:

West Virginia University
Office of Student Accounts (Loans)
P.O. Box 6003
Morgantown, WV 26506-6003