

## Request for Forbearance

I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the lending institution based on my financial situation. It may be necessary to make accelerated payments at the expiration of this arrangement to repay the loan within the maximum ten-year period.

Borrower's Name/Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mail form to:  
 COLUMBIA UNIVERSITY  
 208 KENT HALL, MC 9205  
 NEW YORK, NY 10027

Email Address: \_\_\_\_\_

Account Number:  
 (Last 4 digits of SSN)

### Section 1 Applicable Benefits

Forbearance: Applicable to federal Perkins, Nursing/Health profession, and selected Institutional loans.



**I request forbearance on my Loans because (Select one from A-C & check 1 or 2 on D):**

- (A) \_\_\_ I am unable to make scheduled payments due to 'Poor Health' (temporarily – totally disabled). (Complete section 2 and 4)
- (B) \_\_\_ Caring for a **dependent** who is disabled. (Complete section 2 and 4)
- (C) \_\_\_ Other acceptable reason: \_\_\_\_\_ (Complete section 2)
- (D) Interest continues to accrue during this benefit type. For interest payment (1) \_\_\_ bill me monthly (2) \_\_\_ bill me at end of my benefit.  
**(We recommend paying interest monthly to avoid a lump sum payment at the end of this forbearance)**

### Section 2 Borrower Certification

I certify that all statements made are true and correct. I also certify that I will immediately notify the lending institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the lending institution to obtain from my applicable parties' pertinent information in order to verify this application. Final responsibility for completion and return of this form to the institution rests with the borrower. This account will remain in status quo until this form is approved if this form is incomplete; it will be returned to the borrower.

Signature \_\_\_\_\_ SS Number \_\_\_\_\_ Date \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Dependents – Number \_\_\_\_\_ Age(s) \_\_\_\_\_

Loan Type: \_\_\_\_\_

Please list the name, address, and phone number of someone who will always know your whereabouts:

Name \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Institutional Action

Date \_\_\_\_\_ - \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Official \_\_\_\_\_ Date \_\_\_\_\_

### Section 3 Income and Expenses

#### My Monthly Income

- \* \_\_\_\_\_ Gross Wages
- \* \_\_\_\_\_ Spouse's
- \*\* \_\_\_\_\_ Public Assistance
- \*\* \_\_\_\_\_ Unemployment
- \*\* \_\_\_\_\_ Child Support

#### Student Loan Information

Type	Loan Amt	Mthly Pmt
* _____	\$ _____	\$ _____
* _____	\$ _____	\$ _____
* _____	\$ _____	\$ _____
* _____	\$ _____	\$ _____

