



**NEW MEXICO LOAN-FOR-SERVICE PROGRAM
LOAN DEFERMENT/FORBEARANCE REQUEST**

SECTION 1: BORROWER IDENTIFICATION

Name: _____ Social Security Number: _____

Mailing Address: _____

Home Phone Number: _____ Alternate Number: _____

E-Mail: _____

Loan-for-service Program: WICHE Teacher Nurse Medical/Allied Health

I am requesting a deferment for the following period:

Begin Date _____ End Date _____

Please Note: If you have been granted a deferment under the Federal Family Education Loan Program (Stafford Student Loans), Direct Loan Program, or Federal Perkins Loan Program, please attach documentation of the deferment and submit with this form. No additional documentation is required. If you have not been granted a deferment, please submit appropriate documentation as requested below.

SECTION 2: DEFERMENT/FORBEARANCE REQUEST

Please refer to the last page of the application for further description of each deferment type and submit any additional documentation to support your request. Requests submitted without appropriate documentation will be returned.

I am currently unable to provide service in New Mexico for the following reason (check one):

Residency- I am enrolled in an internship/residency program at _____ working as a _____ beginning on _____ and ending on _____. (Please attach letter of acceptance or written statement from supervisor.)

Enrollment- I am currently enrolled at least half time in a program leading to a professional degree/certification at an accredited public postsecondary institution. (Please attach proof of enrollment.)

Military Service- I am serving up to a maximum of three (3) years as an active duty member of the Armed Forces of the United States. (Please attach copy of orders or written statement from the commanding or personnel officer.)

Temporary Disability- I am temporarily totally disabled, as established by a sworn affidavit of a qualified physician. (Please attach.)

Employment: Please check one of the following and attach letter of release from employer, proof of eligibility for employment benefits, or any other appropriate documentation or personal statement that shows proof of unemployment.

_____ Unemployment: I became unemployed on _____ and I am diligently seeking but unable to find full-time employment in the United States in any field or at any salary or responsibility level. I am registered with a public or private employment agency (if applicable).

--OR--

_____ I am requesting an extension of an existing unemployment deferment. I have made at least six diligent attempts to find full-time employment in the most recent six months.

_____ I am unable to secure employment while caring for a disabled spouse for a period not to exceed twelve (12) months.

_____ Service Obligation: I am unable to satisfy the terms of the repayment schedule while seeking but unable to find full-time employment in an eligible health profession in a designate shortage area.

_____ I am requesting deferment under circumstances provided for under the Family and Medical Leave Act (FMLA).

Economic Hardship- I am requesting forbearance because I am willing but financially unable to make payments under the current repayment schedule. My monthly income is: _____

Please check any of the following that may apply:

I am receiving or received payments under a federal or state public assistance program, such as Temporary Assistance for Needy Families (TANF). (Please attach documentation.)

SECTION 3: SIGNATURE

Please check on box which applies to you. NOTE: If you are currently in an internship/residency and you have not yet entered repayment, your interest has not yet accrued. I am requesting:

A short period during which no payments will be made; interest would continue to accrue.

A period during which I make smaller payments than originally scheduled; interest would continue to accrue on the unpaid principle.

DISCLAIMER

Any borrower requesting deferment/forbearance will be notified in writing of approval or denial of request from the New Mexico Higher Education Department. In the event that employment is not obtained in a designated shortage area at the end of the approved deferment period the loan shall become due with interest according to the terms set forth in the contract. In the event you are approved, interest will continue to accrue on the unpaid principle balance. Submission of requests without proper documentation will be returned.

I understand that if my deferment request is approved by NMHED, the obligations of my loan-for-service will be extended. I agree to notify NMHED immediately if the condition(s) that qualified me for the deferment ends.

Signature of Borrower

Date



NEW MEXICO LOAN FOR SERVICE DEFERMENT TYPES

Residency - Individuals entering into a medical or dental residency program or internship may request deferment for a period not to exceed forty-eight (48) months.

Enrollment - Individuals enrolled for at least half-time may request a deferment for the length of time required to complete a degree or certificate program. Proof of enrollment will be required upon each semester.

Military Service - Individuals serving as an active duty member of the Armed Forces of the United States may request a deferment for a period not to exceed three (3) years.

Employment - Individuals who have completed their educational program automatically have a grace period of six (6) months to obtain full-time employment. If additional time is required, the individual can request an additional deferment for a period not to exceed twelve (12) months.

Temporary Disability - Individuals unable to secure employment in a designated shortage area due to medical circumstances or because they are caring for a disabled spouse or family member may request a deferment for a period not to exceed three (3) years. For individuals with permanent disability, please contact the HED Financial Aid Division for more information.