



REQUEST FOR FORBEARANCE

Date: _____

Name: _____

Address: _____

Please correct address and/or phone number if they are incorrect.

Phone: _____

SSN: _____

Note: I am aware that interest charges continue to accrue during a forbearance deferment even though monthly installments are not due. Interest does not capitalize. I am aware that if a forbearance deferment is granted, my monthly or quarterly installments may increase, thus amending my original repayment schedule.

Circle either A or B to indicate the type of forbearance you are requesting:

- A. I request forbearance on my Perkins Loan(s) because my Title IV educational loan payments are more than 20% of my gross income. I understand this forbearance may not exceed 36 months. I am providing a completed financial statement which includes a copy of my last two payroll stubs and also evidence showing the payment amounts(s) for all Title IV loans.
- B. I request forbearance on my Perkins Loan(s) as I am unable to make scheduled payments for the reasons listed below. I have included any documentation that may substantiate the reason for this request along with a completed financial statement. I understand this forbearance may not exceed 36 months.

SIGNATURE: _____ **DATE:** _____

Note: This form may also apply to HPSL, NSL, and DONOR loans. It should be completed and returned immediately.

FINANCIAL STATEMENT



Name: _____

S.S. Number: _____

In order to review your request you **must provide a copy of your two most recent pay stubs**. In addition include copies of any documentation which indicate your post-secondary educational loan payments or proof of forbearance/deferment. Failure to provide such documentation will delay the approval of your request.

Section A Monthly Income		Section B Monthly Expenses				
1. Gross salary per month	\$	1. Mortgage or rent	\$			
		2. Utilities	\$			
2. Net salary per month	\$	3. Food	\$			
3. Public Assistance	\$	4. Daycare	\$			
4. Other Income (specify)	\$	5. Transportation (public)	\$			
5. Spouse's net income	\$	6. Clothing/Laundry	\$			
TOTAL INCOME (Lines 2 -- 5)	\$	7. Uninsured Medical/Dental	\$			
6. Cash on hand and savings	\$	8. Other expenses (specify on back)	\$			
7. Checking account balance	\$	9. Total payments from Section D	\$			
8. Name of checking institution:		10. Total monthly from Section E	\$			
Address:		TOTAL EXPENSES (Lines 1 -- 10)	\$			
Section C Employment History		Number of Dependents:				
Employer (current):						
Employer (previous):						
Dates of employment:	Income: \$					
Section D Installment Payments			Section E Educational Loan Expenses			
Creditor	Balance	Monthly Payment	Loan Type	Balance	Monthly Payment	Deferred? (Yes/No)
	\$	\$		\$	\$	
	\$	\$		\$	\$	
	\$	\$		\$	\$	
	\$	\$		\$	\$	
	\$	\$		\$	\$	
	\$	\$		\$	\$	
TOTAL	\$	\$	TOTAL	\$	\$	

Please attach separate sheet for any additional expenses

I authorize the University of Miami to make any inquiries necessary in order to substantiate my ability/inability to repay. I also affirm that the above information given is true and accurate.

Signed: _____

Date: _____