

## Request for Forbearance Due to Temporary Disability

*This form should not be used for Federal Perkins Loans*

### SECTION 1: BORROWER IDENTIFICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID number or last 4 digits of Social Security number: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Lender/school name: \_\_\_\_\_

School code: \_\_\_\_\_

### SECTION 2: INFORMATION

A forbearance may be available if you are temporarily unable to make student loan payments because of poor health. During a forbearance, you are not required to make your regular payments. However, interest will continue to accrue during a forbearance period.

In order to qualify, you must:

- Be able to provide documentation provided by a physician stating that you are temporarily totally disabled.

Note: If you are permanently disabled, go to [disabilitydischarge.com](http://disabilitydischarge.com) to view information about additional options that may be available to you.

### SECTION 3: FORBEARANCE REQUEST

Are you currently unable to make scheduled payments due to poor health?

Yes      I am temporarily disabled.

No      You do not qualify for forbearance under this category. If you are permanently disabled, visit [disabilitydischarge.com](http://disabilitydischarge.com) for additional options. For additional deferment and forbearance, visit [heartlandecsi.com](http://heartlandecsi.com).



## SECTION 4: PHYSICIAN CERTIFICATION

This section must be completed by your physician.

Patient Name:

Subjective symptoms:

Date when symptoms first appeared:     /     /

Date accident occurred:                 /     /

Objective symptoms:

Diagnosis:

To provide more detail, attach separate piece of paper, if necessary.

### TREATMENT

First visit date:

      /     /

Last visit date:

      /     /

Frequency of visit (weekly, monthly, other):

### PROGRESS

Present Condition:     Recovered     Unchanged     Improved     Retrogressed

Is patient:     Ambulatory     Bed confined     House confined     Hospital confined

Is patient now totally disabled for:

Any Occupation

Yes     No

Regular Occupation

Yes     No

If no, when is or was the patient able to work:

Any Occupation

      /     /

Regular Occupation

      /     /

If yes, will the patient be able to resume and work?

Any Occupation

Yes     No

Regular Occupation

Yes     No

Physician Name:

Physician license number:

Address:

City:

State:

Zip:

Phone number: (         )         -

Fax number: (         )         -

Attending physician signature:

Date:     /     /

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## SECTION 5: FORBEARANCE INTEREST

If you qualify for a forbearance, you will be required to pay interest that accrues during the forbearance period. You may opt to pay the interest during the forbearance or may opt to make a payment of all accrued interest at the end of the forbearance.

The actual loan interest cost will depend on your interest rate and length of forbearance. Paying the loan interest during the period of forbearance prevents the need to make a large lump sum payment, as depicted in the chart below.

<b>Treatment of Interest During Forbearance</b>	<b>Loan Amount</b>	<b>Interest Rate</b>	<b>Regular Monthly Payment</b>	<b>Monthly Payments During Forbearance</b>	<b>First Payment After 6-month Forbearance</b>
Pay During Forbearance	\$8,200	5%	\$86.97	\$34.17	\$86.97
Pay After Forbearance	\$8,200	5%	\$86.97	\$0.00	\$291.99

If granted a forbearance, I wish to:

Postpone principal payments only and pay interest each month as it accrues during the forbearance.

Postpone both principal and interest payments. I understand that I will be billed for all accrued interest at the conclusion of the forbearance.

## SECTION 6: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my forbearance eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued forbearance status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this forbearance end; (4) I have read, understand, and meet the terms and conditions of the forbearance for which I have applied.

Signature: \_\_\_\_\_

Date:     /     /

## SECTION 7: INSTRUCTIONS

Please forward completed form and requested supporting documents to:

Heartland ECSI  
P.O. Box 1278  
Wexford, PA 15090

If you have any questions, please visit us at <https://heartland.ecsi.net> or call us toll-free at 888.549.3274.

NOTE: Applications are typically processed within 10 business days. You will be notified of the status of your forbearance via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a forbearance has been posted.

