

## Forbearance Request

Nurse Faculty Loan, Nursing Student Loan; Health Professions Student Loan, Loans for Disadvantaged Students; Primary Care Loan

### PLEASE READ CAREFULLY BEFORE YOU COMPLETE THIS REQUEST

1. Borrowers with HRSA loans are eligible to apply for periods of forbearance due to **extraordinary circumstances** that have a **short-term** impact on a borrower's ability to make payments as scheduled.
2. Forbearance is granted at the discretion of Student Loan Collections, depending on your personal circumstances. Typically, changes in employment, periods of unemployment, health issues and medical expenses qualify as extraordinary circumstances.
3. Forbearance temporarily suspends the payment of principal; **however, interest continues to accrue and MUST be paid on a monthly basis**. Forbearance does **not** extend your repayment period. Your regular monthly payment may increase at the end of this forbearance, to stay within your allowed repayment period.
4. It is your responsibility to immediately notify the Student Loan Collections office of any change that might impact your forbearance eligibility, should a period of forbearance be granted.
5. You must continue making full payments on your student loan(s) until you have been notified that the request for forbearance has been processed.
6. You are responsible for providing any additional documentation, as requested by the lending institution, to support your forbearance request.
7. Carefully read the entire Forbearance Request prior to completing it. Submit your completed request with supporting documentation to: [um-slc@umich.edu](mailto:um-slc@umich.edu) or to the above address. Do not send this form to Heartland Campus Solutions/ECSI.

### SECTION 1: BORROWER INFORMATION

Name: \_\_\_\_\_ UMID or last 4 of SSN \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Loan Program: NFL \_\_\_\_\_ NSL \_\_\_\_\_ HPSL \_\_\_\_\_ LDS \_\_\_\_\_ PCL \_\_\_\_\_

Requested START Date of Forbearance: \_\_\_\_\_

Requested END Date of Forbearance: \_\_\_\_\_

**SECTION 2: FORBEARANCE REQUEST**

I am experiencing a temporary hardship related to **one** of the following situations listed below. Please **select only one** option that best describes your situation. (Additional documentation may be requested as needed.)

**Financial Hardship:** *(Please indicate if you are already receiving a hardship deferment on another federal loan, or if you are receiving federal/state assistance/other means-tested benefits. Otherwise, please provide details of your particular situation):*

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**OR** Change in Employment:

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**OR** Medical Expenses Hardship:

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**OR** Pursuing Consolidation *(6 month forbearance - granted one time only):*

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**OR** Other:

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*\*If requesting a hardship type forbearance, please also complete the HRSA Forbearance Request for Information form (Page 4).*

**SECTION 3: BORROWER CERTIFICATION**

I certify that:

- I am requesting forbearance on my HRSA loan.
- I understand I am still required to pay the monthly interest during forbearance periods.
- I will repay my loan(s) according to the terms of my promissory note, even if my request is not granted.
- I understand that I must continue making full payments on my student loan(s) until I have been notified that my request for forbearance has been processed.
- My monthly payment may increase after the forbearance, as forbearance is excluded from the repayment period.
- The information that I have provided on this form is true and correct.

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**Borrower's Signature**

By Checking this Box, I attest that this is my signature

**Date**

**Completed by the University of Michigan:**

Loan # \_\_\_\_\_ Defer Start: \_\_\_\_\_ Defer End: \_\_\_\_\_

Loan # \_\_\_\_\_ Defer Start: \_\_\_\_\_ Defer End: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

## HRSA Forbearance Request for Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

UMID or Last 4 digits of SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
\_\_\_\_\_

If filing for Economic Hardship you must list dependents:

**Marital Status:**

  

Single  
Married

  

Widow(er)  
Divorced/Sep

**Dependents:**

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note:** If this is not your first request for Economic Hardship, you must also include a copy of your most recent Federal Income Tax Return.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

\*(If married) Spouse's Employer Name: \_\_\_\_\_

Spouse's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Monthly Income**

**Student Loan Information**

<u>Monthly Income</u>	<u>Loan Type</u>	<u>Monthly Payment</u>	<u>Loan Amount</u>
_____ Gross Wages	_____	_____	_____
_____ Spouse's Gross Wages	_____	_____	_____
_____ Public Assistance	_____	_____	_____
_____ Unemployment	_____	_____	_____
_____ Child Support	_____	_____	_____
_____ Alimony	_____	_____	_____
_____ Other Income	_____	_____	_____
_____ TOTAL	_____ TOTALS	_____	_____