

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 or to the above address. Do not send this form to Heartland Campus Solutions/ECSl.

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):*

OR Change in Employment:

OR Medical Expenses Hardship:

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

OR Other:

**If requesting a hardship type forbearance, please also complete the HRSA Forbearance Request for Information form in its entirety (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.

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:

Name

Relationship

Age

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

Gross Wages
Spouse's Gross Wages
Public Assistance
Unemployment
Child Support
Alimony
Other Income
TOTAL

Student Loan Information

Loan Type

Monthly Payment

Loan Amount

TOTALS