

INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-5703
800-822-4840
FAX 812-855-5848

Name _____
Street _____
City _____
State _____ Zip _____
SID / SSN _____

REQUEST FOR FORBEARANCE

I, _____ SID _____ request a forbearance on my student loan with Indiana University due to the reason indicated below:

- | | |
|------------------|---|
| CHECK ONE | <input type="checkbox"/> My Title IV payments exceed 20% of my monthly gross income (as defined by the U. S. Department of Education). ** Documentation is required. |
| | <input type="checkbox"/> I am in poor health. ** Documentation is required. |
| | <input type="checkbox"/> Other: _____ |

I am requesting the forbearance for a period of _____ months.

If you are requesting this forbearance, complete both sides and return with \$ _____ by _____

NATIONAL DIRECT/PERKINS LOANS: I understand that the Forbearance can be granted for up to a 12 month interval and the total period cannot exceed 36 months. I understand that the interest continues to accrue and **cannot** be capitalized. I wish the forbearance to cover (check one) ___ principal only, or ___ principal and interest. I further understand that accrued interest must be paid before additional forbearance time will be granted, and that this must be a mutual agreement between the Student Loan Administration and the myself.

HEALTH PROFESSION / NURSING LOANS: I understand that processing the Forbearance could result in an increase in my monthly installment thus amending my original repayment schedule. I understand that interest continues to accrue and additional information is required

Borrower Signature - required to process

Date

Home telephone number

Work telephone number

For IU Use: approved disapproved by _____ date _____

Processed by _____ begin date: _____ end date: _____

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FINANCIAL STATEMENT

Name _____ Student ID _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work Phone _____ Email address: _____

Employer _____ Address _____ Phone _____

Spouse _____ Student ID _____

Why are you delinquent at this time? _____

What are your plans to bring your account current? _____

SECTION A : In order to carefully review your present financial situation, we request the completion of the monthly budget estimates shown below:

Cash on hand: _____	Buy/rent _____
Salary GROSS per month _____	Utilities _____
Spouse income _____	Food _____
Other Income _____	Insurance _____
	Clothing _____
Make & Year Auto _____	Med/Dental _____
Where Financed _____	Child Care _____
Number of dependents _____	Recreation _____
	Total above \$ _____

Name of Bank _____	Total Section B	+	\$ _____
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/>	Grand Total A & B		\$ _____

SECTION B: CREDITORS: List ALL outstanding debts; please include other student loan obligations

Name of creditor	Amount owe	Monthly Payment	Reason for loan/credit
<i>IU Student Loan</i>			<i>Education</i>

I authorize Indiana University to make inquiries in connection with the review of this information as it pertains to my ability to repay.

Signature of Borrower: _____ Date: _____

PLEASE COMPLETE ALL SECTIONS