

SC-F006-PS 03/02



American Education Services

FORBEARANCE FORM

Federal Family Education Loan Program Federal Stafford/ST,S/PLUS/Consolidation Loans

**For Office Use Only**

Date Reviewed: \_\_\_\_\_  
 PH #: \_\_\_\_\_

Approved   
 Denied   
 No Adjustment

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

If your address or telephone number has changed, please indicate the changes in the space provided below.

Address \_\_\_\_\_ Telephone - Home \_\_\_\_\_ (with area code)  
 City / State / Zip \_\_\_\_\_ Telephone - Work \_\_\_\_\_ (with area code)  
 E-Mail Address \_\_\_\_\_ Telephone - Alternate \_\_\_\_\_ (with area code)

SECTION 1: FORBEARANCE TYPES

Check the forbearance type(s) for which you wish to apply. Please review the reverse side of this form for an explanation of each forbearance type.

FINANCIAL DIFFICULTY FORBEARANCES

- Economic Hardship** (Excessive Student Loan Debt Burden) - My student loan debt payments are greater than or equal to 20% of my monthly gross income.
  - Attach - Documentation of monthly payments due on any Federal student loan(s) not serviced by AES.
  - Attach - Proof of your most recent monthly gross income (such as a pay stub).  
 Or, if you cannot provide proof of income, check the box below that applies to your situation:
    - I Receive No Income       I Am Self Employed \* See reverse side of form for additional requirements
  - Confirm - If you do not qualify, do you wish to be considered for a Temporary Hardship?     Yes     No
- Temporary Hardship** - I intend to repay my loan(s); however, I am temporarily experiencing financial hardship and am unable to make the monthly installment payment on my loan(s).

The forbearance will be granted for 12 months unless a shorter period is specified. I request my forbearance to end on \_\_\_\_\_ MM/YY

OTHER FORBEARANCE REASONS - (Certification of Eligibility Required)

- In-School       National and Community Service       Department of Defense Loan Repayment Program       Internship/Residency

SECTION 2: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify that the borrower is eligible for the forbearance selected above and meets all of the requirements on the reverse side of this form for the period: (MM/DD/YY) \_\_\_\_\_ TO \_\_\_\_\_

Status (For In-School Certification Only)     Full Time     Half Time     Less Than Half Time / Part Time

Name of School / Organization	Official's Signature / Title	Date	Phone Number

SECTION 3: FORBEARANCE AGREEMENT

Although my situation at the present time is preventing me from making my regularly scheduled payments, I intend to repay my loan. During the time you are on the forbearance, any outstanding interest will be added to and become part of the principal of the loan at the end of the forbearance period. Payments will resume within forty-five (45) days of the forbearance end date as determined by AES. The exact amount of the monthly payments will be calculated at the end of the forbearance. The calculation of the payment amount will be in accordance with all applicable laws governing student loans.

I understand that should my situation under which I applied for this forbearance change, I must notify AES. I wish to have the forbearance for which I applied placed on all loans which fall under the guidelines for federally insured loans. I understand the forbearance I have requested will not be granted for more than 12 months at one time. I understand that if I qualify for one of the above forbearances, I authorize AES to extend and/or backdate a Temporary Hardship Forbearance (not to exceed 12 months) to ensure any amount currently due on my loan(s) will be covered. I understand that if an end date is not provided, the forbearance will be granted for a period not to exceed 12 months.

For an account that is delinquent, the forbearance can be used retroactively to cover the period of delinquency; however, any negative reports that were submitted to the credit bureaus will not be removed.

The above information is true and correct to the best of my knowledge.

X \_\_\_\_\_  
**BORROWER'S and CO-MAKER'S** (if applicable) **SIGNATURE** (See reverse side for information regarding Co-Makers)      **DATE**

DID YOU REMEMBER TO...

- Supply a valid end date in Section 1
- Attach the necessary documentation or have Section 2 completed
- Sign and date the form in Section 3

**Return Completed Form To:**  
 AES • P.O. Box 2461 • Harrisburg, PA 17105-2461  
 Fax: 717-720-3916