



FORBEARANCE REQUEST

SOCIAL SECURITY NUMBER _____/_____/_____

CUSTOMER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER (____)____-____ ALTERNATE TELEPHONE (____)____-____

RETURN COMPLETED FORM TO
Edfinancial Services
P.O. Box 31549
Knoxville, TN 37930-1549
Fax: (865) 692-6386

Please check here for change of address.

SECTION 1: FORBEARANCE REQUEST

I meet the qualifications stated on the back of the form for the forbearance checked below and request that my lender approve forbearance for all of my eligible loans according to the certification provided.

Check one:

- I am experiencing an **EXCESS DEBT BURDEN**. I have provided the additional documentation as specified on the back of the form. (Granted in 12-month increments with a maximum of three years.)
- I am engaged in an **INTERNSHIP/RESIDENCY PROGRAM**. (Granted for up to 12 months at a time.)
- I am performing the type of service that qualifies me for a partial repayment of my loan under the **STUDENT LOAN REPAYMENT PROGRAM** administered by the Department of Defense. (Granted for up to 12 months at a time.)
- I am serving in a service position for which I receive a **NATIONAL SERVICE EDUCATIONAL AWARD** under the National and Community Service Trust Act of 1993. (Granted for up to 12 months at a time.)

Borrower Interest Selection, Understanding and Certification

I authorize Edfinancial Services to grant forbearance on all of my loans which fall under the guidelines for federally insured loans. I understand that a Temporary Hardship Forbearance will be applied to cover any delinquency prior to the begin date of the forbearance I am requesting. I also understand that during the forbearance period, I am responsible for the interest that accrues on my account. If I do not make payments, any unpaid interest at the end of the forbearance period will be added to my principal balance (**capitalized**).

I will resume repayment of this debt within forty-five (45) days of the forbearance end date as determined by Edfinancial Services. The exact amount of the monthly payments calculated at the end of the forbearance 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 Edfinancial Services.

- Please check this box if you wish to be granted a Temporary Hardship Forbearance indicating that you are unable to make payments if you do not qualify for the type of forbearance you requested. (Please indicate below the dates you wish the forbearance be applied.)

I am requesting a forbearance to be placed on my loans from ____/____/____ OR date of delinquency whichever is earlier not to exceed 12 months. If you wish forbearance to be shorter than the maximum of 12 months, please specify end date of forbearance here: ____/____/____

I understand and agree to the terms and conditions contained on this form.

X _____
CUSTOMER'S SIGNATURE DATE

SECTION 2: CERTIFICATION- Must be completed by an AUTHORIZED OFFICIAL (see following page for list). Do not complete for Excess Debt Burden forbearance.

I certify, to the best of my knowledge and belief, that the borrower named above is/was engaged in the program or service indicated in Section 1, and that the borrower and the borrower's program meet all the eligibility requirements specified on the following page. The borrower's program/service:

Begins/began (MM/DD/YY) ____/____/____ and will end/ended (MM/DD/YY) ____/____/____

Name of Organization _____ Name of Authorized Official _____

Address _____ Authorized Official's Signature _____

City, State, Zip _____ Title _____

Telephone () _____ Date _____