



Nelnet
 Attn: Enrollment Processing Dept
 P.O. Box 82525
 Lincoln, NE 68501-2525
 Toll free Fax (866) 545-9196

FORBEARANCE APPLICATION

Please print neatly:

Name _____
 Address _____

 City, State, Zip _____
 Phone Number _____
 SSN _____

For loans guaranteed under the provisions of the Higher Education Act of 1965, as amended. **WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of not more than \$10,000 or imprisonment for not more than five years, or both, under provision of 20 U.S.C. 1097.

FORBEARANCE TYPE REQUESTED (Check one)

- HARDSHIP** (Eligible to receive up to 12 months per forbearance request.) NOTE: Unless you request a shorter period, the forbearance will be applied to cover all outstanding delinquency before covering future months of repayment. You may also be eligible for up to 36 months of Economic Hardship Deferment. Visit our web site or contact a customer service representative to discuss the Economic Hardship Deferments

I prefer a shorter forbearance period (state the month / year you wish the forbearance to end) _____
 (If the date indicated requires more than 12 months of forbearance, the forbearance will be granted for 12 months.)

- ENGAGED IN INTERNSHIP / RESIDENCY PROGRAM** (Granted in yearly increments.) You must enclose a statement from an official of the internship / residency program certifying the beginning and end dates of the program. This forbearance is available if your two year Internship Deferment eligibility has expired or you are not eligible for an Internship Deferment because of the terms of your Promissory Note.
- EXCESSIVE STUDENT LOAN DEBT BURDEN** (Granted in yearly increments with a **three year cumulative limit**.) Your monthly Title IV student loan payments must be equal to or greater than 20% of your total monthly gross income. You must enclose evidence of your total monthly gross income from all sources and documentation of the monthly payment amount due on any Title IV student loans not serviced by Nelnet.
- DEPARTMENT OF DEFENSE LOAN REPAYMENT PROGRAM.** (Granted in yearly increments.) You must enclose a statement from an authorized official of the Department of Defense certifying the beginning and ending dates that you are expected to perform the type of service that qualifies you for a partial repayment of your loan under this DoD program. This includes serving in a national service position for which the borrower receives a National Service Educational Award under the National and Community Service Trust Act of 1993.
- INCARCERATION** - Release date _____ (May be eligible to receive up to 12 months per request.) Only eligible if release date is two years or less from the date of this forbearance application.

FORBEARANCE AGREEMENT

By signing below, I certify that I am willing to repay my loan(s) but am unable to do so at this time due to poor health or other personal reasons as indicated above. Interest will continue to accrue during this period. Unless I pay the interest, it will be capitalized at the end of the forbearance period and added to the principal balance of the loan. I will resume repayment upon expiration of the forbearance and I agree to repay this loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

BORROWER SIGNATURE and CO-MAKER SIGNATURE (if applicable)

X _____ Date _____