



P. O. Box 6004
Ridgeland, MS 39158

Ridgeland, MS (601) 899-4400
Elsewhere (800) 489-5005

REQUEST FOR FORBEARANCE

INSTRUCTIONS: Before we will grant your request, you must complete the entire form and show financial hardship. Please read the form carefully before you sign it and then return it to our office. You must continue making your monthly payments until the forbearance is approved. You will receive notice of the approval or denial of this request.

Forbearance: A forbearance allows you to temporarily cease making payments, but you are still responsible for the interest that accrues on your loan. You may pay this interest as it accrues, or allow it to be added to your outstanding principal balance during the forbearance period.

Check this box ONLY if you wish to make interest only payments during the forbearance period. If you elect to pay and Do Not pay all the accrued interest, it will be capitalized at forbearance end.

BORROWER INFORMATION

Name	Social Security Number	Area Code/Telephone Number ()
Street Address	City	State Zip Code

BORROWER EMPLOYMENT DATA

Employer's Name	Years Employed	Area Code/Telephone Number ()
Street Address	City	State Zip Code

CHECK TYPE OF FORBEARANCE REQUEST

Hardship - (granted based upon lender discretion). You **must** complete the financial information listed below. **NOTE: unless** you request a shorter period, the forbearance will be applied to cover all outstanding delinquency as well as the next six payment dates after the date we receive your request (provided you qualify for additional forbearance months).
If you prefer a shorter forbearance period please indicate when you want it to end _____.

Monthly Income	Monthly Expenses
Monthly Gross Income (all sources) _____	Rent/Mortgage, Food Utilities _____
Child Support, Alimony _____	Car Note, Credit Cards, etc. _____
Other (ADC, Food Stamps, etc.) _____	Other Monthly Expenses _____
Total Monthly Income _____	Total Monthly Expenses _____

Reason for Hardship Request _____

- Engaged in an Internship/Residency Program. (Granted in yearly increments.) You must have an official of the Internship/Residency Program complete the back of this form.
- Attending a non-participation school or enrolled less than full time and not eligible for school deferment. Must have the certification on the back of this form completed by appropriate school official.
- Excessive student loan 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 income. You must enclose evidence of your most recent total monthly gross income from all sources and documentation of the monthly payment amount due on any Title IV student loan(s) not serviced by SunTech. You **MUST** complete the forbearance information listed above.
- Performing the type of Service that qualifies you for a partial repayment of your loan under the National and Community Service Trust Act of 1993 (AmeriCorp) or the Department of Defense Loan Repayment Program. You must enclose a statement from an authorized official of AmeriCorp or the Department Of Defense verifying the beginning and ending dates that you are expected to perform the qualifying service. A request for forbearance is granted for no more than 12 months at a time.

AGREEMENT

I am temporarily unable to make payments, but I agree upon termination of this forbearance to repay this loan according to the terms of my Promissory Note and Repayment Schedule. The information in this request is true and correct.

X Borrower Signature _____ Co-Maker Signature _____ Date _____
(If Applicable)

LENDER/SERVICER USE ONLY

This forbearance is based on our belief that the Borrower intends to repay the loan, but is unable to do so for the above mentioned reason. DATES FROM _____ TO _____

APPROVED REASON _____

DENIED
Authorized Signature _____ Date _____