



Request for Forbearance

Please consider my request for forbearance covering the period from _____ to _____

Name _____ Account # (s) _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

Marital Status

Single Widow(er) Married Separated/Divorced

Dependents	Name	Relationship	Age
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Employment History

Current Employer _____ Years employed _____

Address _____ Phone # _____

Previous Employer: _____ Years employed _____

Address _____ Phone # _____

Income/Asset Summary

Provide documentation of your most recent monthly gross income

Monthly Gross Income \$ _____ Employer Name: _____

Spouse's Monthly Gross Income \$ _____ Employer Name: _____

Total Other Monthly Income \$ _____

Please describe source of this income (public assistance, alimony, child support, etc.)

Provide a copy of your most recent bank statements

Checking Account Balance: \$ _____ Savings Account Balance: \$ _____

Monthly Expense Summary

For anything with an asterisk, you must provide proof of the expense listed.

*Mortgage/Rent \$ _____ *Utilities \$ _____ *Medical/Dental \$ _____
 Food \$ _____ Clothing \$ _____ *Child Care \$ _____
 Transportation \$ _____ Entertainment \$ _____ *Insurance \$ _____
 (gas, parking, maintenance) *Alimony \$ _____ *Child Support \$ _____
 Miscellaneous \$ _____

Loans/Credit Card Payments

Please list name or creditors. Include student loans, car loans, credit cards, etc.

<u>Creditor</u>	<u>Loan Amount</u>	<u>Balance Outstanding</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Include a copy of your most recent statement or payment coupon for each item listed above.

If you need more space, you can include the information on another sheet of paper.

Please provide any additional information that you feel may be helpful regarding your current situation. If any of your student loans are currently in forbearance with other lenders, please include supporting documentation.

I certify that all statements made above are true and correct. I will notify my lending institution if my present situation changes.

Signature _____ Date _____

Return completed application and all supporting documentation to:

**University of Massachusetts
 Student Loan Office
 406B Goodell Building
 140 Hicks Way
 Amherst, MA 01003-9272**

For more information, either call us at (413) 545-2377, or visit our web site at <http://www.umass.edu/aco/sl>

For Institution Use Only:

Approved for the period covering _____ through _____ Next Due Date _____
 Disapproved. Reason: _____

Authorized Signature _____ Date _____