

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 C	Code				
BORROWER EMPLOYMENT DATA							
Employer's Name	Years Employed	Area Code/Telephone Number	r				
Street Address	City	State Zip C	Code				
CHECK TYPE OF FORBEARANCE REQU	JEST						
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	Me	onthly Expenses					
Monthly Net Income (all sources)	Rent/Mortgage, Fo	od Utilities					
Child Support, Alimony Other (ADC, Food Stamps, etc.)	Car Note, Credit Ca	ards, etc enses					
Total Monthly Income	Total Monthly Exp	enses					
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.							
Performing the type of Service that qualifies you for a partial repayment of your loan under the Department of Defense Loan Repayment Program. (Granted in yearly increments.) You must enclose a statement from an authorized official of the Department Of Defense verifying the beginning and ending dates that you are expected to perform the qualifying service.							
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. Borrower Signature X							
LENDER/SERVICER USE ONLY							
This forbearance is based on our belief that the Borrow	ver intends to repay the loan, but is	sunable to do so for the above					
mentioned reason	• •						
DATES FROM TO TO TO							
DENIED							
Authorized Signature	Date						

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The certification below **must** be completed by the appropriate official, if you are requesting a forbearance because you are enrolled in school but are not eligible for a school deferment or you are in an internship/residency and have used your eligibility for an internship/residency deferment.

Certification of Status (must be completed by Director of Internship/Residency program if borrower serving in internship/residency program or Registrar if borrower is in school)								
I certify that the above borrower is in school internship/residency program for the period of to (month/day/year								
Name or Orga	nization/Agency	·	Signature of Dire	ector of Internship/Re	sidency Program or R	Registrar Date		
Address			Full-Time	Title Half-Time	Less Than F	lalf-Time		
City	State	Zip	Area Code/Pho	one Number:				