

**FEDERAL FORBEARANCE REQUEST**  
NDSL/Perkins/Federal Perkins Loan(s)  
Deferment of Principal/Principal and Interest/Reduced Payments

Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_

City/State Zip \_\_\_\_\_

Telephone numbers: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

I am financially unable to repay my loan(s) according to my repayment schedule and hereby request federal forbearance from \_\_\_\_\_ to \_\_\_\_\_. Please select one option below:

- Deferment of Principal - Bill me monthly for the interest that becomes due, plus past due late charges. I will remit \_\_\_\_\_ monthly the amount of interest that becomes due.
- Deferment of Principal and Interest - Add the interest that becomes due during my forbearance period to my first bill after the end of my forbearance period.
- Reduce my monthly payment from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Late charges will be assessed on late payments. Payments will be applied first to late charges, then interest and finally to principal. Give the reason for your request below and complete the financial information form on the back.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and completed **both** sides of this form and certify that all information given is true and correct. I have also enclosed the required documentation.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO:** MINNESOTA STATE COLLEGES & UNIVERSITIES  
FINANCIAL COLLECTIONS  
Wells Fargo Place  
307<sup>th</sup> St. E., Suite 350  
St Paul, MN 55101-7804  
Tel: 651-917-4700 Fax: 651-917-4711

The above named borrower is hereby granted a federal forbearance for the period noted  
(not to exceed 12 months per request - renewable up to a total of 36 months).

Comments: \_\_\_\_\_

\_\_\_\_\_ Months Approved \_\_\_\_\_ Accumulated Months \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Office Use Only \_\_\_\_\_

**FINANCIAL INFORMATION**

**Income--Monthly**

Salary \*Gross \$ \_\_\_\_\_ Net/mo. \$ \_\_\_\_\_  
 (Name of Employer) \_\_\_\_\_

Cash on Hand \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Assistance (Welfare, etc.) \$ \_\_\_\_\_

Net Salary--spouse \$ \_\_\_\_\_

(A) **TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**Basic Living Expense--Monthly**

Rent or Home Mortgage \$ \_\_\_\_\_  
 (Name of Landlord or Mortgage Lender) \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Transportation (other than car payments) \$ \_\_\_\_\_

Other (other than monthly debts below) \$ \_\_\_\_\_

(B) **TOTAL MONTHLY LIVING EXPENSES** \$ \_\_\_\_\_

**Present Debts**

(Include other student loans\*\* by you and your spouse, car loans, credit card accounts, personal and bank loans, etc. not listed above). If additional space is required, attach a separate sheet.

<u>CREDITOR</u>	<u>TYPE OF LOAN</u>	<u>BALANCE</u>	<u>MONTHLY PMT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>(C) TOTAL MONTHLY DEBTS</b>			<b>_____</b>

\* evidence must be submitted to show the most recent total monthly gross income

\*\* evidence must be submitted to show the most recent monthly payments being made on student loans

**Please list two Personal References**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_