

Request for Forbearance



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

Name _____ Account #(s) _____			
Address _____			
City, State, Zip Code _____			
Home Phone _____		Work Phone _____	
E-Mail Address _____			
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 (PLEASE INCLUDE SUPPORTING DOCUMENTATION)			
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.): _____			

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

Monthly Expense Summary (PLEASE INCLUDE SUPPORTING DOCUMENTATION)

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

Loans/Credit Card Payments (PLEASE INCLUDE SUPPORTING DOCUMENTATION)

Please list name of creditors. Include student loans, car loans and credit cards.

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

Please provide any additional information that you feel may be helpful regarding your current situation. Be sure to include copies of supporting documentation that shows income and expense breakdown. 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

For Institution Use Only:	
_____	Approved for the period covering _____ through _____. Next Due Date _____
_____	Disapproved. Reason: _____
_____	_____
_____	_____
Authorized Signature	Date