

ACCT. # _____

DATE:

NAME: _____

ADDRESS: _____

CTY, ST ZIP: _____

FORBEARANCE REQUEST

THIS FORBEARANCE IS AN AGREEMENT BETWEEN YOU AND YOUR LENDER TO ALLOW A TEMPORARY CESSATION IN PAYMENTS. DURING A PERIOD OF FORBEARANCE, INTEREST CONTINUES TO ACCRUE AND MUST BE PAID OR IT WILL BE CAPITALIZED (ADDED TO THE PRINCIPAL BALANCE). THIS WILL INCREASE THE TOTAL COST OF THE LOAN. PLEASE READ THE TERMS AND FILL IN THE NUMBER OF FORBEARANCE MONTHS NEEDED IN SECTION 1. COMPLETE SECTION 2 AND RETURN THE SIGNED FORM TO OUR OFFICE.

SECTION 1: FORBEARANCE TERMS (NOT TO EXCEED 12 MONTHS)

THIS FORBEARANCE WILL COVER YOUR OLDEST DATE OF DELINQUENCY, AND WILL BE IN EFFECT FOR _____ MONTHS. YOU WILL RECEIVE A NEW LOAN DISCLOSURE IMMEDIATELY PRIOR TO THE EXPIRATION OF THE FORBEARANCE PERIOD. REGULAR PAYMENTS WILL RESUME THE MONTH AFTER THIS FORBEARANCE ENDS AND CONTINUE ON THE ACCOUNT UNTIL PAID IN FULL.

SECTION 2: BORROWER'S EMPLOYMENT DATA (MUST BE COMPLETED)

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ TOTAL MONTHLY INCOME: _____

REASON FOR REQUEST: _____ UNEMPLOYMENT _____ ECONOMIC HARDSHIP (PRIVATE LOAN BORROWERS ONLY: IF YOU HAVE PREVIOUSLY BEEN GRANTED 6 MONTHS OF FORBEARANCE, YOU MUST SUBMIT PROOF OF INCOME (TAX RETURNS, CHECK STUBS); DETAILED LIST OF REVENUE AND EXPENSES. YOUR FORBEARANCE WILL BE DENIED WITHOUT THIS INFORMATION.)

I AM REQUESTING THIS FORBEARANCE AND CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THIS REQUEST AND INTEND TO REPAY MY FFELP AND PRIVATE (IF APPLICABLE) LOANS.

BORROWER'S SIGNATURE: _____

DATE: _____

RETURN TO: KHESLC, PO BOX 24328, LOUISVILLE, KY 40224-0328

FAX TO: (502) 329-7077