



REQUEST FOR FORBEARANCE

INSTRUCTION: Please **read this form carefully**. Complete all requested information, sign and date, and return to our office for processing. You are responsible for your monthly payments until the forbearance is approved. You will receive written 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(s) during the forbearance period. You may pay this interest monthly or quarterly as it accrues or, if not paid, you agree that it will be added to your outstanding principal by means of capitalization.

| BORROWER INFORMATION | | | |
|---------------------------------|----------------|-------------------------|----------|
| NAME | ACCOUNT NUMBER | (AREA) TELEPHONE NUMBER | |
| STREET ADDRESS | | | |
| CITY | STATE | ZIP CODE | |
| BORROWER EMPLOYMENT DATA | | | |
| EMPLOYER NAME | YEARS EMPLOYED | (AREA) TELEPHONE NUMBER | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

I am employed less than 30 hours per week, seeking FULL-TIME employment, registered with a permanent placement agency and would like to apply for an unemployment deferment. (Check here if applicable)

| FINANCIAL DATA (Required) | | | |
|----------------------------------|-----------|-------------------------------|-----------|
| Monthly Income | | Monthly Expenses | |
| Monthly Net Received | \$ | Rent/Mortgage | \$ |
| Interest Income | \$ | Food | \$ |
| ADC | \$ | Utilities | \$ |
| Food Stamps | \$ | Car Loans (Total) | \$ |
| Child Support | \$ | Credit Cards (Total) | \$ |
| Alimony | \$ | Personal Loans (Total) | \$ |
| Other | \$ | Other Expenses (Total) | \$ |
| Total Monthly Income | \$ | Total Monthly Expenses | \$ |

| REPAYMENT INFORMATION (Please provide attachment if more space is needed) |
|--|
| Number of forbearance months requested: _____ (DO NOT ALTER) |
| Reason for Request: _____ |
| _____ |

| BORROWER'S AGREEMENT |
|---|
| I agree upon approval and termination of this forbearance to repay this loan(s) according to the terms of my PROMISSORY NOTE and REPAYMENT SCHEDULE. The information in this request is true and correct. |
| _____ |
| Borrowers Signature (PLEASE SIGN IN INK) Date |

| SSSC USE ONLY |
|---|
| This forbearance is granted based upon our belief that the borrower intends to repay the loan(s) according to the terms stated above. |
| APPROVED _____ FROM _____ TO _____ |
| DENIED _____ REASON FOR DENIAL _____ |
| BY _____ DATE _____ |