

FORBEARANCE REQUEST AND VERIFICATION FORM

Name of Borrower		Account Number
Address (Number, Street, Apt #)		Home Telephone Number
Place X here if this is a new address.	(City, State, Zip Code)	Work Telephone Number
E-mail address:		

To qualify for **Forbearance** on your Federal Perkins Student Loan(s), the following eligibility criteria must be met.

- Your total monthly payment obligations toward Title IV (Federal) Loans must collectively equal or exceed twenty percent (20%) of your total gross monthly income **OR** you have other Title IV (Federal Loans presently in **Forbearance** with your other lenders).
- You must attach proof of your gross monthly income (or proof of your unemployment status must be provided by you).
- You must attach proof of your monthly Title IV (Federal) Loan obligations and/or proof of your loans' **Forbearance** status with your other loan lenders.

To be considered for **Forbearance**, **COMPLETE THIS FORM AND ATTACH PHOTOCOPIES OF THE DOCUMENTS INDICATED WHICH SUPPORT YOUR CLAIM.** Return this form and required documentation to this office at the following address:

**USD Loan Administration Office
5998 Alcalá Park, HC 204
San Diego, California 92110**

1) **BORROWER'S TOTAL GROSS MONTHLY INCOME** \$ _____ per month

Required: Provide photocopy of your paycheck stub or earnings statement.

EMPLOYER NAME _____
ADDRESS: _____
TELEPHONE: _____

2) **SPOUSE'S TOTAL GROSS MONTHLY INCOME** \$ _____ per month

Required: Provide photocopy of spouse's paycheck stub or earnings statement.

SPOUSE'S EMPLOYER _____
ADDRESS: _____
TELEPHONE: _____

3) **OTHER INCOME:** Unemployment \$ _____ per month

Supply photocopy of statements for each. Retirement \$ _____ per month

OTHER TAXABLE INCOME (SPECIFY): _____ \$ _____ per month

UNTAXABLE INCOME (SPECIFY) _____ \$ _____ per month

TOTAL GROSS MONTHLY INCOME.....\$ _____ per month

4) **LIST ALL TITLE IV (FEDERAL) STUDENT LOAN OBLIGATIONS:**

Required: Provide a photocopy of a recent bill, statement, or payment coupon for each loan you list.

NAME OF LENDER OR SERVICER	TYPE OF LOAN (Perkins/Stafford, etc)	DATE OBTAINED	PRINCIPAL BALANCE	MINIMUM REQUIRED MONTHLY PAYMENT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL MONTHLY FEDERAL TITLE IV STUDENT LOAN OBLIGATION				\$ _____

Please use other side of this application if more space is needed.

I AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE UNIVERSITY OF SAN DIEGO MAY RUN A CREDIT REPORT TO VERIFY THE INFORMATION PROVIDED. IF MY REQUEST FOR FORBEARANCE IS GRANTED, I UNDERSTAND THAT INTEREST CONTINUES TO ACCRUE DURING THE FORBEARANCE AND THAT I AM RESPONSIBLE FOR THE PAYMENT OF ALL INTEREST ACCRUED DURING THE APPROVED FORBEARANCE PERIOD. I UNDERSTAND THAT THE FORBEARANCE IS FOR A SIX (6) MONTH DURATION UNLESS OTHERWISE SPECIFIED BY THE UNIVERSITY OF SAN DIEGO LOAN ADMINISTRATION OFFICE.

BORROWER'S SIGNATURE _____ **DATE:** _____