

FORBEARANCE REQUEST UNIVERSITY of WASHINGTON INSTITUTIONAL OR HPSL LOANS ONLY

Borrower Information (to be completed by the borrower in blue or black ink)

I am requesting forbearance on my University Institutional or HPSL Loan(s) in accordance with the regulations of the program described in my original promissory note.

Name: _____ Loan Account #: _____

Street Address 1: _____ Street 2: _____

City, State, Zip: _____ Country: _____

Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

E-mail Address: _____ 2nd E-mail Address: _____

Current Employer/Service Agency Name & Address (if applicable): _____

Position Title: _____ Employed From: _____ To: _____

Forbearance Requested

Beginning date requested: _____.

I would like the forbearance to end in the following month and year, and begin making payments the following month: _____

(The maximum allowable forbearance benefit is **36 months**, granted up to a maximum of **6 months** at a time.)

A forbearance will allow you to temporarily stop making payments during the period indicated above. During that time interest will continue to accrue. Please select how you intend to pay the interest:

- As it accrues, for which I will be billed monthly/quarterly, **OR**
- In a lump sum at the end of the forbearance period (**not available for HPSL**)

Please detail the circumstances that make this forbearance necessary and attach any appropriate supporting documentation. Use back of form if more space is needed.

Borrower Certification:

I certify that all statements are true and correct. I will notify the University of any change in my address and/or employment status. I will provide additional documentation to the University of Washington, as required to support my eligibility for this deferment.

I understand that:

- I must pay any interest and late fines due on my account before any additional forbearance can be processed.
- I must continue making monthly payments until notified of forbearance approval.
- Interest will continue to accrue during forbearance and must be paid as indicated above.

I understand that by signing below, I certify that I have read, understand, and meet the eligibility requirements for the forbearance I am requesting.

Signature _____ Date _____

Completed signed application may be faxed, scanned and emailed, or mailed to our office at the address above.