FEDERAL FORBEARANCE REQUEST NDSL/Perkins/Federal Perkins Loan(s) Deferment of Principal/Principal and Interest/Reduced Payments

Name	SSN	
Current Address		
City/State Zip		
Telephone numbers: (Day)	(Evening)	
I am financially unable to repay m forbearance from	y loan(s) according to my repayment sched to Please	lule and hereby request federal select one option below:
monthly the amount of interest th Deferment of Principal and Interes bill after the end of my forbearand	t - Add the interest that becomes due during n	-
Late charges will be assessed on late	e payments. Payments will be applied first t n for your request below <u>and</u> complete the fir	-
required documentation.	is form and certify that all information given is true	and correct. I have also enclosed the
Signature	is form and certify that all information given is true	
I have read and completed <u>both</u> sides of th required documentation. Signature <b>PLEASE RETURN TO:</b>	is form and certify that all information given is true University of St. Thomas 2115 Summit Ave AQU Saint Paul MN 55105-10 Fax # (651)962-6009 Att	Date 220 196
required documentation. Signature PLEASE RETURN TO: The above named b	University of St. Thomas 2115 Summit Ave AQU Saint Paul MN 55105-10	Date 220 996 an: Perkins Loan e period noted
required documentation. Signature PLEASE RETURN TO: The above named b (not to exceed	University of St. Thomas 2115 Summit Ave AQU Saint Paul MN 55105-10 Fax # (651)962-6009 Att porrower is hereby granted a federal forbearance for th 12 months per request - renewable up to a total of 36	Date 220 996 an: Perkins Loan e period noted

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IncomeMonthly	Basic Living Expense—Monthly	
Salary *Gross \$ Net/mo. (Name of Employer)	\$ Rent or Home Mortgage (Name of Landlord or Mortgage Lender) 	\$
Cash on Hand	\$ Food	\$ \$
Savings	\$ Insurance	\$
Other Income	\$ Clothing	\$
Assistance (Welfare, etc.)	\$ Transportation (other than car payments)	\$
Net Salaryspouse	\$ Other (other than monthly debts below)	\$
(A) TOTAL MONTHLY INCOME	\$ (B) TOTAL MONTHLY LIVING EXPENSES	\$

## **Present Debts**

(Include other student loans\*\* by you and your spouse, car loans, credit card accounts, personal and bank loans, etc. not listed above). If additional space is required, attach a separate sheet.

CREDITOR	<b>TYPE OF LOAN</b>	BALANCE	MONTHLY PMT
	(C) TO	TAL MONTHLY DEBTS	

\* evidence must be submitted to show the most recent total monthly gross income

\*\* evidence must be submitted to show the most recent monthly payments being made on student loans

## Please list two Personal References

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone	Telephone