

Forbearance Application

Please update incorrect information:

Name: _____
 Address: _____
 City, State ZIP: _____

Phone number: _____
 Alternative phone number: _____
 E-mail address: _____

Account Number: _____

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties, which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Forbearance type requested (check one):

- Reduced Payment:** I request to make monthly payments in the amount of \$_____ for a period of 12 months. (Note: This payment amount must be sufficient to satisfy the estimated monthly accrued interest on your student loan(s). If your requested payment amount is not sufficient, your payments will be set at the lowest possible amount that will satisfy the estimated amount of accrued interest.) If I am delinquent, I also request a Hardship Forbearance to bring my student loan(s) current prior to being granted the Reduced Payment Forbearance. I understand and agree that the Hardship Forbearance and Reduced Payment Forbearance are two separate forbearance requests.
 - Internship/Residency Program** (granted in yearly increments): I am engaged in a medical or dental internship/residency program that (i) must be successfully completed before I may begin professional practice or service or (ii) leads to a degree or certificate awarded by an institution of higher education, hospital, or health care facility that offers postgraduate training. I have enclosed a statement from an authorized official of the internship/residency program certifying the beginning and end dates of the program. Note: This forbearance is available if your two-year Internship Deferment eligibility has expired or you are not eligible for an Internship Deferment because of the terms of your Promissory Note.
 - Excessive Student Loan Debt Burden** (granted in yearly increments with a **three-year cumulative limit**): I am currently making a total monthly payment on my student loan(s) that is equal to or greater than 20% of my total monthly gross income. I have enclosed documentation of my total monthly gross income from all sources and documentation of the monthly payment amount due on any Title IV student loans not serviced by Nelnet.
 - Department of Defense (DOD) Loan Repayment Program** (granted in yearly increments): I have enclosed a statement from an authorized official of the DOD certifying the beginning and end dates that I am expected to perform the type of service that qualifies me for a partial repayment of my loan(s).
 - Corporation for National and Community Service (CNCS) Loan Repayment Program** (granted in yearly increments): I have enclosed a statement from an authorized official of the CNCS certifying the beginning and end dates that I am expected to perform the type of national service that qualifies me for a partial repayment of my loan(s) under the National and Community Service Trust Act of 1993.
 - Hardship** (eligible to receive up to 12 months per forbearance request): I am willing but unable to make payments on my student loan(s) due to poor health or a temporary financial hardship. I am requesting this hardship forbearance because:
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Note: Unless you request a shorter period, the forbearance will be applied to cover all outstanding delinquency before covering future months of repayment.

I prefer a shorter forbearance period ending (state the month / year you wish the forbearance to end): _____
 (If the date indicated requires more than 12 months of forbearance, the forbearance will be granted for 12 months.)

Forbearance agreement:

By signing below, I certify that the information provided is true and correct and I meet the eligibility requirements of the forbearance for which I have applied. I acknowledge that interest will continue to accrue during this period. Unless I pay the interest, it will be capitalized (added to the principal balance) at the end of the forbearance period. I will notify Nelnet immediately when the condition that qualified me for the forbearance ends. I will resume repayment upon expiration of the forbearance, and I agree to repay this loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

I expressly authorize Nelnet and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

Borrower signature X _____ Date _____

Co-maker signature (if applicable) X _____ Date _____

