



APPLICATION FOR FORBEARANCE

Warning: Any person who knowingly makes false statements 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 51097.

SECTION 1 – Forbearance Request

Loan # _____

Disclosure of your Social Security Number is voluntary. If you consent to disclose your Social Security Number by including it here, it will be used for identification purposes.

Name _____

Address _____

City, State, Zip _____

Phone – Home _____

Phone – Other _____

Account Number(s) _____

The University of Oklahoma
 Office of the Bursar
 Student Loan Services
 1000 Asp Avenue, Room 208
 Norman, OK 73019-4072
 Phone: (405) 325-5876
 Fax: (405) 325-5803

SECTION 2 – Reason for Forbearance – Check the Appropriate Box

- Poor health/prolonged illness, starting _____ and ending _____. Attach explanation of how your health affects your ability to pay this loan(s). Provide physician statement of diagnosis and submit with this application. Complete the Income and Expense Summary on next page.
- The total amount of payments I must make on all my Title IV federal education loans is 20% or more of my total monthly gross income. To determine your eligibility for forbearance of payments under this provision, provide the following:
 Total monthly gross income (the gross amount you receive from employment and other sources before taxes and other deductions), \$ _____ (attach copies of last income tax return and most recent pay statement). Complete the Income and Expense Summary on next page.
 Other reason. Please attach a description of the condition(s) that affects your ability to pay this loan(s) and documentation to support your claim. Complete the Income & Expense Summary on the next page.

SECTION 3 – Form of Forbearance – Check Box and/or Fill in the Blanks

- Temporarily stop making payments during the period beginning _____ & ending _____. I am aware that interest will continue to accrue, and I wish to pay this interest:
 - in a lump sum at the end of the forbearance period, or
 - as it accrues. If I choose this option, I will be billed for accrued interest each month.
- Temporarily reducing the amount of my payments from \$ _____ to \$ _____ per _____ (month) during the period I have indicated above.

Signature: _____ Date: _____

SECTION 4 – Office Use Only

Approved 1st year 2nd year 3rd year

Disapproved because _____

Deferment Beginning Date: _____ / _____ / _____

Deferment Ending Date: _____ / _____ / _____

Eligibility Remaining: _____

Collection Representative: _____

Date: _____

As a student loan borrower, I understand that it is my responsibility to inform the Student Loan Office of all changes of name, address, and student status. I certify that the above information is true and correct to the best of my knowledge. Declaration: I declare all information provided in the request to be accurate and true. I will notify the University of Oklahoma immediately of any change in my employment status and begin payment if required. I authorize the University of Oklahoma and their respective agents and contractors to contact me regarding my request or my loan (s) including repayment of my loan (s), at the number provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

INCOME AND EXPENSE SUMMARY

The following information is requested to determine your eligibility for deferment or forbearance. The information you provide will remain confidential; however, we reserve the right to use this information if collection efforts become necessary. We also reserve the right to use a credit report to verify the information you provided.

Attach a copy of your most recent income tax return & documentation to substantiate all Income and Expense entries.

1. Marital Status

- Single
- Married
- Widow(er)
- Separated/Divorced

2. Number of Dependents

Relationship:	Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Monthly Income from ALL Sources

Borrower's Gross Monthly Salary or Wages	\$ _____
Spouse's Gross Monthly Salary or Wages	\$ _____
Child Support	\$ _____
Alimony/Support	\$ _____
Social Security	\$ _____
Veterans Benefits	\$ _____
Stocks, Bonds, Investment	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

4. Checking Account Balance \$ _____

5. Savings Account Balance \$ _____

6. Student Loan Expense

List each lender's name, unpaid balance, monthly payment amount, & status.

Lender	Unpaid Balance	Monthly Payment	Deferred	Payment Due
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

7. Monthly Living Expenses

Rent	\$ _____
Mortgage	\$ _____
Utilities	
Water	\$ _____
Electric	\$ _____
Gas	\$ _____
Heating Fuel	\$ _____
Other	\$ _____
Child Care	\$ _____
Car Payment	
Make & Model	_____
	\$ _____
Make & Model	_____
	\$ _____
Public Transportation	\$ _____
Car Insurance	\$ _____
Cellular Phone/Pager	\$ _____
Food	\$ _____
Medical Bills	\$ _____
Cable/Satellite TV	\$ _____
Entertainment	\$ _____
Clothing	\$ _____
House Cleaning/Yard Service	\$ _____
Credit Cards	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Living Expenses	\$ _____