Forbearance Postponement Application Instructions

Please complete all three pages and return the paperwork to the address in the upper right corner or fax it to us at 307-766-3633. Incomplete forms will be returned and may delay your benefit.

Please enclose verification of your income and any other information about your circumstances that will help us consider your request.

Approval is automatic if your monthly STUDENT LOAN repayment responsibilities exceed 20% of your monthly gross income. Make sure to list all of your student loan payments even if the loan is in a forbearance/deferment status.

If your other student loans are currently in forbearance, please enclose documentation from the lender that the forbearance has been processed.

If you have any questions please call (307) 766-3214 or email SFO@uwyo.edu.
Forbearance Postponement Application

Name: _____________________________________________________________

Address: ____________________________________________________________________________

City: ________________________________________ State: ______________ Zip: _______________

Student ID: W__________________________________ Last four of SSN: _______________________

FORBEARANCE POSTPONEMENT APPLICATION: To be completed by the borrower.

Your promissory note grants us, your lender, the discretion to approve temporary forbearance postponements of your installments. We approve such postponements in order to prevent extreme financial hardships, such as those resulting from medical emergencies, natural disasters, and similar circumstances. During such postponements you need not make any payments, but interest continues to accrue on your balance.

The reason(s) for my economic hardship is/are ______________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

I want my forbearance to begin on Mon___________Day_______________Yr____________

I will be able to resume repayment on Mon____________Day_______________Yr____________

My telephone number is ________________________________________________________________________

Please enclose verification of your economic hardship and any other information about your circumstances that will help us consider your request.

_______________________________________________________________________________________________

I understand that, if approved, the maximum postponement for this application is one year. I hereby request. (check one)

[ ] Total postponement of principal and interest repayments.

[ ] Postponement of principal only. I will continue to pay interest.

Date _______________________  Signed ___________________________________________________________
FORBEARANCE POSTPONEMENT APPLICATION: To be completed by the borrower.

Approval is automatic if your monthly STUDENT LOAN repayment responsibilities exceed 20% of your monthly gross income. If that is the case, list all your STUDENT LOAN lenders and monthly payments here.

Lender (Name, city, state)                                     Monthly payment
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What is your monthly total of STUDENT LOAN payments? ($       )
What is your monthly gross income? ($    )
On what date do you want your forbearance to begin ( Mon   Day   Yr  )
On what date will you be able to resume repayment? ( Mon   Day   Yr  )

What is your daytime telephone number? (                         )
What is your driver's license number and state? (                         )

Please enclose verification of your income and any other information about your circumstances that will help us consider your request.
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I understand that, if approved, the maximum postponement for this application is one year. I hereby request ... (check one)

|___| Total postponement of principal and interest repayments.
|___| Postponement of principal only. I will continue to pay interest.

Date _______________________ Signed _____________________________________________________

Email ___ _______________________________________________________________________________
1. NAME__________________________________________  
2. Student ID W: ____________________________ Last four of SSN: ________  
3. DATE OF BIRTH________________________________  
4. MARITAL STATUS____ SINGLE ______ MARRIED ______ WIDOW(ER) ______ SEPARATED OR DIVORCED  
   5. (a) If unemployed, date unemployment began__________________________  
   (b) Check and complete one of the items below:  
        _____ I have never been employed  
        _____ I have received the maximum allowable unemployment benefits  
        _____ I did not work long enough to be eligible for unemployment benefits  
        _____ I am receiving weekly unemployment benefits of $_________________  
        _____ I am not eligible for unemployment benefits  
            because___________________________________________________________  
6. DEPENDENTS:  
   Relationship           Age  
   ___________________________________  __________  
   ___________________________________  __________  
   ___________________________________  __________  
   ___________________________________  __________  
   ___________________________________  __________  
   ___________________________________  __________  
7. I am receiving monthly public assistance in the amount of… $_____________  
8. My savings account balance is…………………………. $_____________  
9. My checking account balance is…………………………$_____________  
10. My spouse’s net monthly income is ………………. $_____________  
11. If single and living with parents, my parents  
    combined monthly income is …………………………………$_____________  
12. If single or divorced, my monthly support income is ………$_____________  
13. If widowed, the amount I receive per month from  
    my spouse’s estate, social security, Veterans benefit is……$_____________  
14. My total income (itemize on other side of the form) ………$_____________  
15. My monthly expenses are: (itemize on other side)  
    Rent/mortgage ………………………………………$_____________  
    Utilities ……………………………………………$_____________  
    Food …………………………………………………$_____________  
    Car …………………………………………………$_____________  
    Other …………………………………………………$_____________  
16. My other outstanding liabilities not listed above are: ………$_____________  
    (itemize on other side of form)  

Please use the reverse side of this form in conveying any circumstances that you feel would have a  
bearing on your request for forbearance or hardship deferment.  

____________________________________  ____________________________  
Signature                                    Date