

# Request for Forbearance



Please consider my request for forbearance covering the period from \_\_\_\_\_ to \_\_\_\_\_

<b>Name</b> _____ <b>Account #(s)</b> _____			
<b>Address</b> _____			
<b>City, State, Zip Code</b> _____			
<b>Home Phone</b> _____		<b>Work Phone</b> _____	
<b>E-Mail Address</b> _____			
<b>Marital Status</b>			
_____ Single	_____ Widow(er)	_____ Married	_____ Separated/Divorced
<b>Dependents</b>	<b>Name</b>	<b>Relationship</b>	<b>Age</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Employment History</b>			
Current Employer _____	Years employed _____		
Address _____		Phone # _____	
Previous Employer _____	Years employed _____		
Address _____		Phone # _____	
<b>Income/Asset Summary (PLEASE INCLUDE SUPPORTING DOCUMENTATION)</b>			
Monthly Gross Income	\$ _____	Employer Name _____	
Spouse's Monthly Gross Income	\$ _____	Employer Name _____	
Total Other Monthly Income	\$ _____		
Please describe source of this income (public assistance, alimony, child support, etc.): _____			
_____			
Checking Account Balance	\$ _____	Savings Account Balance	\$ _____

**Monthly Expense Summary (PLEASE INCLUDE SUPPORTING DOCUMENTATION)**

Mortgage/Rent	\$ _____	Utilities	\$ _____	Medical/Dental	\$ _____
Food	\$ _____	Clothing	\$ _____	Child Care	\$ _____
Transportation	\$ _____	Entertainment	\$ _____	Insurance	\$ _____
(gas, parking, maintenance)		Alimony	\$ _____	Child Support	\$ _____
Miscellaneous	\$ _____				

**Loans/Credit Card Payments (PLEASE INCLUDE SUPPORTING DOCUMENTATION)**

Please list name of creditors. Include student loans, car loans and credit cards.

<u>Creditor</u>	<u>Loan Amount</u>	<u>Balance Outstanding</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any additional information that you feel may be helpful regarding your current situation. Be sure to include copies of supporting documentation that shows income and expense breakdown. If any of your student loans are currently in forbearance with other lenders, please include supporting documentation.

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I certify that all statements made above are true and correct. I will notify my lending institution if my present situation changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Institution Use Only:**

\_\_\_\_ Approved for the period covering \_\_\_\_\_ through \_\_\_\_\_. Next Due Date \_\_\_\_\_  
 \_\_\_\_ Disapproved. Reason: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date