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THE UNIVERSITY OF TEXAS AT AUSTIN
LOAN SERVICES
PO Box Q
AUSTIN, TEXAS 78713-8917

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NURSE FACULTY LOAN PROGRAM

REQUEST FOR FORBEARANCE

Name: _____ * UT EID OR SSN #: _____ Birth Date: _____

Please read all of the following information carefully:

The University may place your loan in a Forbearance status during periods of extraordinary circumstances for the borrower. Our office will let you know what you are eligible for when your application is processed.

- Can be used for reasons such as financial hardship, unemployment or prolonged illness.
- If you are experiencing financial hardship, you must supply verification of income and expenses.
- If you have lost your job, you must provide evidence of a continuing job search in addition to verification of income and expenses.
- Interest will continue to accrue each month but principal payments are deferred and you will receive a monthly statement.
- You must pay the interest as it accrues monthly.
- I understand that when I return to a regular billing status, my monthly payment may increase.
- Forbearance period is up to a maximum of 6 months. A total of 2 forbearance periods can be granted during the life of a loan.
- You must continue making your regular monthly payments until your forbearance request is approved.
- If you are currently past due, collection activities will continue until we have received and approved your forbearance application.

BORROWER CERTIFICATION:

I have read and understand the provisions listed above. The information provided in this application is accurate and complete, to the best of my knowledge and belief. I authorize any creditor listed in this application to release information necessary to verify my application. I intend to repay my NFLP loan but am unable to make my loan payments at this time.

SIGNATURE: _____ DATE: _____

ALL ITEMS MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED!

Student ID# or UTEID: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Apt # _____

Phone: (day) (____) _____ (night) (____) _____ Cell: (____) _____

Driver's Lic: _____ State Issued: _____ Email Address: _____

Nearest relative: _____ Relationship to applicant: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Apt # _____

Phone: (day) (____) _____ (night) (____) _____ Cell: (____) _____

Please state your reasons for a hardship request:

HARDSHIP REQUEST DATES: _____ Time period can be up to 6 months.
 From To

EMPLOYMENT INFORMATION:

Present / Previous Employer: _____ Job Title: _____ Hours worked weekly: _____
 Phone #: (____) _____ City: _____ State: _____
 If unemployed, date unemployment began: _____ Actively seeking employment? [] yes [] no
 Reason for unemployment: _____ Registered with an employment agency? [] yes [] no

You must provide verification for the following:

MONTHLY INCOME:		MONTHLY EXPENSES:	
Net Salary:	\$ _____	Rent / Mortgage:	\$ _____
Alimony/Child support:	\$ _____	Utilities:	\$ _____
Unemployment Income:	\$ _____	Insurance (All):	\$ _____
Spouse's Income:	\$ _____	Personal:	\$ _____
Other Income:	\$ _____	Transportation:	\$ _____
		Entertainment:	\$ _____
TOTAL INCOME:	\$ _____	TOTAL EXPENSES:	\$ _____

Please list ALL loans, credit cards, installment payments and ALL student Loans from other institutions:

Creditor	Phone #	Date Opened:	Balance	Monthly Pmt	Type of Debt

Please give any special circumstances that might have a bearing on this request:

Office Use Only:

Approved: _____ Disapproved: _____ Why? _____
 Period: From: _____ To: _____

LOAN #	BEG GRACE	AMT. BOR	BALANCE	MIN BILL	SAME/INC

* If you do not know your UT EID, disclosure of your Social Security number (SSN) is requested from you in order for The University of Texas at Austin to process this form. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN, however, may result in a delay in processing. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.