



FORBEARANCE REQUEST
Federal Perkins Loan

BORROWER INFORMATION (contact information below will be updated in account)

Name _____ Date _____

DU ID# _____ Last 4 of SSN _____

Street Address _____

City, State, Zip _____ Email _____

Daytime Phone _____ Cell Phone _____

FORBEARANCE REQUESTED

Number of Months Requested _____

(Forbearance may be requested up to **12 months**. After that time, a new request must be submitted in order to continue forbearance. Please note the cumulative total time in forbearance may not exceed **36 months** over the entire term of the loan repayment.)

Please detail the reason(s) for your forbearance request.

I UNDERSTAND THAT:

- Interest on the Federal Perkins Loan(s) will continue to accrue during the approved forbearance time at an APR of 5%.
- I will receive monthly bills during this time with the interest amount and I have the option to:
 - Pay interest monthly in accordance with the statements.
 - Pay the entire amount of interest accrued at the end of my forbearance.
- I can make any payment towards my loan balance during this period which will pay interest first, and then it will go towards the principal of my loan.
- After my forbearance term has ended my first payment will be due, along with any outstanding interest, on the first of the following month (ex. If the forbearance ends January 8th, the first payment would be due February 1st).
- All **interest accrued during the forbearance period is due in full** upon completion of the forbearance period.

BORROWER CERTIFICATION

I certify that all statements above are true and correct. If necessary for approval of this forbearance, I hereby authorize the University of Denver permission to verify and confirm information which I have furnished above. I understand that it is my responsibility to notify Student Debt Management at the University of Denver to any changes in my circumstances as stated above. I will also notify them of any changes to my name, social security number, address, phone number or email address.

Borrower Signature _____ Date _____

Completed signed application may be faxed, emailed, or mailed to the University of Denver Bursar's Office at address above.

OFFICE USE ONLY

Reviewed By _____ Date _____

Approved _____ Not Approved _____ From _____ To _____