

University of Utah
Income Accounting & Student Loans Services
201 South 1460 East Rm#165, Salt Lake City, Utah 84112-9054
Office (801) 581-8786 or 1-800-444-8638 ext. 1-8786 Fax (801) 581-4277
Request for Forbearance

University ID # (account #): _____

******INTEREST WILL BE BILLED DURING THE FORBEARANCE PERIOD AND
MUST BE PAID MONTHLY. ******

PART I: General Information

(Please complete All Sections)

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Email Address: _____ Date of Birth: _____

Daytime Phone: _____ Cell Phone: _____

STATUS: Single ____ Married ____ Number of Dependents ____

REFERENCES:

Nearest Relative: _____
(NOT living with you) (Name) (Address) (Phone)

Other Friend or Relative: _____
(Name) (Address) (Phone)

PART II: Financial Information

(Please complete All Sections)

INCOME

Employer \$ _____
Monthly Gross

Other Income (list all sources) \$ _____
Total

TOTAL MONTHLY INCOME: \$ _____

FORBEARANCE AGREEMENT:

I request a Forbearance.

I agree to IMMEDIATELY inform Income Accounting & Student Loan Services at the University of Utah of any changes in my Forbearance Status.

I also agree to resume my regularly scheduled payments at the end of the Forbearance Period.

I am unable to make my payments on my Student Loan (s) and request a Forbearance for the following reason:

I certify that ALL Statements made above are true and correct. I also authorize Income Accounting & Student Loan Services to verify ANY information I have provided on this application. I understand that Income Accounting & Student Loan Services will obtain a credit report to verify information listed. *I further understand that Forbearance is granted at the UNIVERSITY'S DISCRETION.*

SIGNED _____ **DATE** _____