

NURSE FACULTY LOAN FORBEARANCE REQUEST FORM

Borrower Name:	Account Number:
Street Address:	Social Security Number:
City/State/Zip:	Institution that granted this loan: MERCER UNIVERSITY
Email Address:	Phone: Home (____) _____
Cell Phone: (____) _____	Phone: Work (____) _____

If poor health or your present financial situation makes paying your Nurse Faculty Loan Program (NFLP) loan a financial hardship, we may be able to grant you a forbearance of your NFLP loan. Principal payments are delayed during forbearance; however, interest will continue to accrue. You must complete this entire form and show due financial hardship before we can grant you a forbearance of your loan. Read this form carefully before signing it. When we receive your request, we will review it immediately and will notify you of our decision. You must continue making your regular monthly payments until your forbearance request is approved. **IF YOU ARE PAST DUE ON YOUR PAYMENTS, IT IS ESPECIALLY IMPORTANT THAT YOU RETURN THIS FORM TO US SOON.** Collection activities will continue against you until we have received and approve this form; late notices will be sent, phone calls will be made, and if your payments become seriously past due, the delinquency may be reported to a National Credit Bureau.

If you are interested in requesting forbearance of your NFLP loan, please fill out this form completely and return it to the lending institution which granted your loan. You must provide the reason for you financial hardship before we can grant a forbearance of your loan. Contact your lending institution if you have any questions.

BORROWER FINANCIAL DATA

Employer Name	Address	City/State/Zip	
_____	_____	_____	
Years Employed	Net Monthly Salary	Other Income	Source of Other Income
_____	_____	_____	_____

Monthly Expenses:

RENT/MORTGAGE: _____ UTILITIES: _____ FOOD: _____ OTHER: _____

Creditor's Information:

Name of Creditor	City/State	Monthly Payment	Balance	Past Due Amount

*Additional information may be printed on back.

REASON

Although I intend to repay my NFLP loan balance, I am temporarily unable to make payments because (state reason below):

AGREEMENT

I request a forbearance of my NFLP loan starting _____ and ending _____. Any outstanding accrued interest will be due at the end of the forbearance period. The estimated interest due at the end of the forbearance period is \$ _____. I will resume monthly payments on _____. I will make payments of approximately \$ _____ per month with payments due on the same day of each month as the day the first regular payment is due until the full unpaid principal amount of the loan is paid off. I understand that periodically I will be provided with an account statement listing the activity on the loan and the outstanding unpaid principal amount at the end such period.

(Signature of Borrower)

(Date)

FOR OFFICE USE ONLY:

Mercer University (Lending School) believes, based upon the borrower's statement above and/or other communications regarding forbearance recorded in the account record, that the borrower intends to repay the NFLP loan but is currently unable to make loan payments.

(Accepted by Authorized Official)

(Date)

Once properly completed, please return this form to:

**Mercer University
Attention Student Loan Office
1501 Mercer University Drive
Macon, Ga. 31207**