



**Access Group Loan Servicing**  
 P.O. Box 7450  
 Wilmington, Delaware 19803-0450  
 U.S.A.

877-472-3227 (toll-free, U.S. only)  
 302-477-6430 (from outside the U.S.)  
 Fax 302-476-3555  
 E-mail: [servicing@AccessGroup.Org](mailto:servicing@AccessGroup.Org)  
[www.AccessGroup.Org/Account](http://www.AccessGroup.Org/Account)

**FORBEARANCE REQUEST FORM**  
**Federal Family Education Loan Program**  
**(Federal Stafford, Federal PLUS and Federal Consolidation Loans)**

**This form can NOT be used for forbearance on Access Group private loans. Please call us with any questions.**

Complete Sections 1-4 below and return to the address above or via fax to 302-476-3555.

**SECTION 1: Borrower Information**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION 2: Forbearance Request** — I meet the qualifications stated on the reverse side of this form for the forbearance type I have checked below.

- Debt Exceeds Monthly Income – this forbearance is granted in 12 month increments unless a shorter period is specified, for a maximum of 3 years.  
 I intend to repay my loan(s); however, the total amount of my monthly payments on all of my federal Title IV loans, which I am currently obligated to make payments on, is greater than or equal to 20% of my total monthly income. **I have attached supporting documentation of my current obligation to make monthly payments on Title IV education loans as well as documentation of my most recent monthly income.**  I do not receive income.  I am self employed (see section 5 on the reverse side of this form for additional requirements)
- Graduate PLUS – 6 month discretionary forbearance if loan was first disbursed prior to July 1, 2008. For Graduate Plus loans first disbursed on or after July 1, 2008, you may qualify for deferment.
- Parent PLUS – 12 month discretionary forbearance for up to 5 years, if loan was first disbursed prior to July 1, 2008. For Parent Plus loans first disbursed on or after July 1, 2008, you may qualify for deferment.
- Medical or Dental Internship/Residency (**certification of eligibility is required – Section 3**)

There are various deferment and forbearance options, please see our Web site for more information and forms.

**SECTION 3: Authorized Official's Certification**

I certify that the borrower is eligible for the Medical or Dental Internship/Residency forbearance selected above and meets all requirements provided on the reverse for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Official's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Official's name: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

**SECTION 4: Forbearance Agreement**

Although my situation at the present time is preventing me from making regularly scheduled payments, I intend to repay my loans. I certify that I meet the qualifications stated on the reverse side of this form for the forbearance type I am requesting. I understand that during the forbearance period, I am responsible for the interest on my loan(s) and that any unpaid interest will be capitalized (added to the principal balance of the loan[s]) when the forbearance ends, which will increase the principal balance and interest paid on the loan. However, I can pay the interest before it is capitalized. Payments will resume within 60 days of the forbearance end date. The exact amount of the monthly payments will be calculated in accordance with applicable laws governing student loans. I further understand that if the situation under which I applied for this forbearance changes, I must notify Access Group immediately. I wish to have this forbearance for which I applied placed on all my eligible federal loans. I understand the forbearance I have requested will not be granted for more than 12 months at one time and I can terminate it at any time by notifying Access Group. I understand that if an end date is not provided, the forbearance will be granted for a period not to exceed 12 months. I understand that by accepting this forbearance, I may lose my eligibility for other Access Group repayment benefits. I also understand that if my account is delinquent, the forbearance can be used retroactively to cover the period of delinquency; however, any negative reports that were submitted to the credit bureaus will not be removed. The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Borrower's Signature**

\_\_\_\_\_  
**Date**

## SECTION 5: FORBEARANCE DESCRIPTIONS

**Debt Exceeds Monthly Income:** This forbearance is available to a borrower or endorser that is currently obligated to make payments on Title IV loans and the amount of those payments each month is equal or greater than 20% of the requestor's total monthly income. **The following supporting documentation is required to determine eligibility for this forbearance and must be submitted with this completed request form:**

- Evidence of the amount of the most recent total monthly gross income received from all sources (This can be 1, 2 or 4 paystubs, depending on the type of job and frequency of pay; Proof of unemployment benefits and/or any other sources of taxable or non-taxable income, including but not limited to, disability benefits, SSI, or alimony; or a Letter from employer documenting current income and frequency of pay)
- Evidence of the amount of the monthly payments owed for the most recent month on all Title IV loans

**Borrowers reporting no monthly income:** A borrower reporting no monthly income must provide a self-certification statement, either by checking the "I do not receive income" box on the front of this forbearance form, or on a separate document indicating that he or she has no income.

**Newly Self Employed borrowers:** A borrower who is newly self-employed may not be able to provide traditional documentation of income.

The borrower must provide the lender with a self-certifying statement of projected monthly income from all sources.

In addition, the borrower must provide documentation of the newly formed business and documentation of the borrower's involvement in that business. Documentation that may be submitted by a newly self-employed borrower includes, but is not limited to:

- A statement from the borrower's accountant.
- A copy of the Articles of Incorporation for the business venture.
- A copy of the Business Charter showing the borrower's involvement.
- An application for the tax identification number.
- Evidence of Client Trust Account or Business Bank Account Statement.

**Graduate PLUS (Available for loans first disbursed prior to July 1, 2008):** The Grad PLUS forbearance is a discretionary forbearance, granted for a maximum of six months. It can only be used to align the entry into Active Repayment of a borrower's Grad PLUS loans with the entry into the Repayment Period of the Stafford Loans. This forbearance is offered because the Grad PLUS loan does not have a Grace Period like the Stafford Loan. This forbearance must be requested by the borrower (who may have to provide proof of eligibility).

**Parent PLUS (Available for loans first disbursed prior to July 1, 2008):** The Parent PLUS forbearance is a discretionary forbearance that can be used to postpone payments for a maximum of five years, non-consecutive time (it can be granted in increments of up to 12 months for a maximum of five years; each new term must be requested by the borrower). This forbearance must be requested by the borrower (parent).

**Medical or Dental Internship / Residency:** This forbearance is available to borrowers who have used the maximum 24 months of their Medical or Dental Internship/Residency deferment time or who are not eligible to receive a Medical or Dental Internship/Residency deferment and are not eligible for any other deferment. To be considered for this forbearance:

- Attach documentation verifying Medical or Dental Internship/Residency position and the dates you are registered with the program *or*
- Have Section 3 completed by an authorized official.

**If my program does not lead to a degree or certificate, but is required before I may be certified for professional practice or service, I must also provide(attached to this form) a separate statement from the appropriate state licensing agency certifying this requirement, in addition to the Authorized Official's Certification in Section 3.**