

Request for Forbearance Due to Temporary Disability

This form should not be used for Federal Perkins Loans

SECTION 1: BORROWER IDENTIFICATION

Last Name: _____ First Name: _____ MI: _____

Student ID number or last 4 digits of Social Security number: _____

Current mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____ - _____

Email address: _____

Lender/school name: _____

School code: _____

SECTION 2: INFORMATION

A forbearance may be available if you are temporarily unable to make student loan payments because of poor health. During a forbearance, you are not required to make your regular payments. However, interest will continue to accrue during a forbearance period.

In order to qualify, you must:

- Be able to provide documentation provided by a physician stating that you are temporarily totally disabled.

Note: If you are permanently disabled, go to disabilitydischarge.com to view information about additional options that may be available to you.

SECTION 3: FORBEARANCE REQUEST

Are you currently unable to make scheduled payments due to poor health?

Yes I am temporarily disabled.

No You do not qualify for forbearance under this category. If you are permanently disabled, visit disabilitydischarge.com for additional options. For additional deferment and forbearance, visit heartlandecsi.com.



SECTION 4: PHYSICIAN CERTIFICATION

This section must be completed by your physician.

Patient Name:

Subjective symptoms:

Date when symptoms first appeared: / /

Date accident occurred: / /

Objective symptoms:

Diagnosis:

To provide more detail, attach separate piece of paper, if necessary.

TREATMENT

First visit date:

 / /

Last visit date:

 / /

Frequency of visit (weekly, monthly, other):

PROGRESS

Present Condition: Recovered Unchanged Improved Retrogressed

Is patient: Ambulatory Bed confined House confined Hospital confined

Is patient now totally disabled for:

Any Occupation

Yes No

Regular Occupation

Yes No

If no, when is or was the patient able to work:

Any Occupation

 / /

Regular Occupation

 / /

If yes, will the patient be able to resume and work?

Any Occupation

Yes No

Regular Occupation

Yes No

Physician Name:

Physician license number:

Address:

City:

State:

Zip:

Phone number: () -

Fax number: () -

Attending physician signature:

Date: / /

SECTION 5: FORBEARANCE INTEREST

If you qualify for a forbearance, you will be required to pay interest that accrues during the forbearance period. You may opt to pay the interest during the forbearance or may opt to make a payment of all accrued interest at the end of the forbearance.

The actual loan interest cost will depend on your interest rate and length of forbearance. Paying the loan interest during the period of forbearance prevents the need to make a large lump sum payment, as depicted in the chart below.

Treatment of Interest During Forbearance	Loan Amount	Interest Rate	Regular Monthly Payment	Monthly Payments During Forbearance	First Payment After 6-month Forbearance
Pay During Forbearance	\$8,200	5%	\$86.97	\$34.17	\$86.97
Pay After Forbearance	\$8,200	5%	\$86.97	\$0.00	\$291.99

If granted a forbearance, I wish to:

Postpone principal payments only and pay interest each month as it accrues during the forbearance.

Postpone both principal and interest payments. I understand that I will be billed for all accrued interest at the conclusion of the forbearance.

SECTION 6: BORROWER CERTIFICATION AND AUTHORIZATION

I understand that: (1) This request will not be granted unless all applicable sections of the form are completed and requested documents are submitted; (2) All final decisions regarding my forbearance eligibility will be made in accordance with applicable Federal regulations.

I certify that: (1) The information I have provided on this form is true and correct; (2) I will provide additional documentation, as required, to support my continued forbearance status; (3) I will notify my student loan office or Heartland ECSI immediately when the condition(s) that qualified me for this forbearance end; (4) I have read, understand, and meet the terms and conditions of the forbearance for which I have applied.

Signature: _____

Date: / /

SECTION 7: INSTRUCTIONS

Please forward completed form and requested supporting documents to:

Heartland ECSI
P.O. Box 1278
Wexford, PA 15090

If you have any questions, please visit us at <https://heartland.ecsi.net> or call us toll-free at 888.549.3274.

NOTE: Applications are typically processed within 10 business days. You will be notified of the status of your forbearance via email using the address provided in Section 1 of this form. In order to prevent negative credit bureau reporting, continue to make on-time payments until you have been notified that a forbearance has been posted.

