

Request for General Forbearance

Please consider my request for forbearance covering the period from _____ to _____

Name _____ Account #(s) _____
 Address _____
 City, State, Zip Code _____
 Home Phone _____ Work Phone _____
 E-Mail Address _____

Marital Status
 _____ Single _____ Widow(er) _____ Married _____ Separated/Divorced

Dependents	Name	Relationship	Age
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Employment History

Current Employer _____ Years Employed _____
 Address _____ Phone # _____
 Previous Employer _____ Years Employed _____
 Address _____ Phone # _____

Income/Asset Summary (PLEASE INCLUDE SUPPORTING DOCUMENTATION)

Monthly Gross Income	\$ _____	Employer Name _____
Spouse's Monthly Gross Income	\$ _____	Employer Name _____
Total Other Monthly Income	\$ _____	

Please describe source of this income (public assistance, alimony, child support, etc.): _____

Checking Account Balance \$ _____ Savings Account Balance \$ _____

Monthly Expense Summary (PLEASE INCLUDE SUPPORTING DOCUMENTATION)

Mortgage/Rent	\$ _____	Utilities	\$ _____	Medical/Dental	\$ _____
Food	\$ _____	Clothing	\$ _____	Child Care	\$ _____
Transportation	\$ _____	Entertainment	\$ _____	Insurance	\$ _____
(gas, parking, maintenance)		Alimony	\$ _____	Child Support	\$ _____
Miscellaneous	\$ _____				

Loans/Credit Card Payments (PLEASE INCLUDE SUPPORTING DOCUMENTATION)

Please list name of creditors. Include student loans, car loans and credit cards.

<u>Creditor</u>	<u>Loan Amount</u>	<u>Balance Outstanding</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide any additional information that you feel may be helpful regarding your current situation. Be sure to include copies of supporting documentation that shows income and expense breakdown. If any of your student loans are currently in forbearance with other lenders, please include supporting documentation.

I certify that all statements made above are true and correct. I will notify my lending institution if my present situation changes.

Signature

Date

For Institution Use Only:	
_____	Approved for the period covering _____ through _____. Next Due Date _____
_____	Disapproved. Reason: _____
_____	_____
_____	_____
Authorized Signature	Date