

**REQUEST FOR FORBEARANCE
PERKINS/NDSL LOAN**

I request Forbearance beyond the two years normally allowed on my Perkins/NDSL Loan # _____, because I am still serving in a medical internship/residency program. I understand that this forbearance is renewable at twelve month intervals for a period not to exceed the time remaining in my residency program. I also understand that interest will accrue during this period of forbearance at an annual rate of 5 percent, and that this amount will be added to my principal balance unless paid before the expiration date of the forbearance deferment as noted by the Institution upon approval in Part III.

<p>PART I: TO BE COMPLETED BY BORROWER</p> <p>SS# _____ - _____ - _____ NAME _____</p> <p>ADDRESS _____</p> <p>I will be serving in a medical residency program from _____ through _____.</p> <p>_____ I expect to be in a medical residency program after this date.</p> <p>_____ I do not expect to be in a residency program after this date.</p>
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<p>PART II: TO BE COMPLETED BY CERTIFYING AUTHORITY</p> <p>I certify that the information stated in Part I above is true and correct. The person named above will be serving in a medical residency from _____ through _____.</p> <p>DATE _____</p> <p>SIGNATURE OF CERTIFYING OFFICIAL _____</p> <p>NAME OF ORGANIZATION _____</p> <p>ADDRESS _____</p> <p>Please affix official seal or stamp. If none, include signed letter of certification.</p>
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<p>PART III: TO BE COMPLETED BY LENDING INSTITUTION</p> <p>_____ Approved DATE _____</p> <p>_____ Disapproved SIGNATURE _____</p> <p>Forbearance Ending _____</p> <p>Interest Accrual _____</p> <p>Next Monthly Payment Due _____</p>
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