

## REQUEST FOR FORBEARANCE FEDERAL PERKINS LOAN

I request Forbearance beyond the nine-month grace period allowed on my Federal Perkins Loan # \_\_\_\_\_, because I will be serving in a medical internship/residency program, and as such, the total of my Title IV loans exceeds 20 of my gross income. I understand that this Forbearance is renewable at twelve month intervals for a period not to exceed three years nor to exceed my residency training period. 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 as noted by the Institution upon approval in Part III.

### **PART I: TO BE COMPLETED BY BORROWER**

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

I will be serving in a medical residency program from \_\_\_\_\_  
through \_\_\_\_\_.

\_\_\_\_\_ I expect to be in a medical residency program after this date.

\_\_\_\_\_ I do not expect to be in a residency program after this date.

### **PART II: TO BE COMPLETED BY CERTIFYING AUTHORITY**

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 \_\_\_\_\_.

DATE \_\_\_\_\_

SIGNATURE OF CERTIFYING OFFICIAL \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please affix official seal or stamp. If none, include signed letter of certification.

### **PART III: TO BE COMPLETED BY LENDING INSTITUTION**

\_\_\_\_\_ Approved      DATE \_\_\_\_\_

\_\_\_\_\_ Disapproved      SIGNATURE \_\_\_\_\_

Forbearance Ending \_\_\_\_\_

Interest Accrual \_\_\_\_\_

Next Monthly Payment Due \_\_\_\_\_