

BOSTON COLLEGE

REQUEST FOR FORBEARANCE OF PERKINS LOAN TAX EXEMPT ORGANIZATION/ILLNESS/OTHER CIRCUMSTANCES

PART I - BORROWER INFORMATION

Borrower's Name		Social Security Number	
Home Address			
City	State	Zip	Telephone Number
Job Title		Email Address	
Job Description			
Name of Service Agency			
Address of Service Agency			
City	State	Zip	Telephone Number

- ▶ I am requesting forbearance of my Perkins loan(s), beginning _____ and ending _____. I understand that interest will continue to accrue during forbearance and that the maximum allowable forbearance benefit is three years, to be granted one year at a time.
- ▶ At this time, I would like to request:
 - Total postponement of principal and interest repayments.
 - Postponement of principal only. I will continue to pay interest.
- ▶ I meet the qualifications for forbearance that I have checked below and have attached the required support documents.
 - Member of a tax exempt organization such as National Service Trust. Complete the *Income and Expense Summary* on the following page.
 - Poor health/prolonged illness, starting _____ and ending _____. Attach an explanation of how your health affects your ability to pay this loan. Provide a physician statement of diagnosis and submit it with this application. Complete the *Income and Expense Summary* on the following page.
 - Other reasons. Please attach a description of the condition(s) that affect(s) your ability to pay this loan, as well documentation to support your claim. Complete the *Income and Expense Summary* on the following page.

Requests for forbearance submitted without the required documentation will be denied.

▶ _____ Borrower's Signature	_____ Date
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PART II - INCOME AND EXPENSE SUMMARY

Reminder: Requests for deferment or forbearance submitted without the required documentation will be denied.

▶ Marital Status: Single Married Widow(er) Separated/Divorced

▶ Number of Dependents: _____

Relationship: _____ Age: _____

Relationship: _____ Age: _____

Relationship: _____ Age: _____

Relationship: _____ Age: _____

▶ Monthly income from ALL sources: (Attach a copy of your most recent pay receipt and your most recent income tax return.)

Gross Monthly Salary/Wages _____

Spouse's Monthly Salary/Wages _____

Child Support _____

Alimony/Support _____

Unemployment _____

Public Assistance _____

Social Security/Veteran _____

Stocks, Bonds, and Investments _____

Other: _____

Other: _____

Total Monthly Income: _____

▶ Bank Account Balances: Checking _____ Savings _____ Other _____

▶ Monthly Expenses: (Attach documents to support expense entries. If your other student loans are on forbearance or economic hardship, you must provide proof of their deferment status.)

Rent/Mortgage _____

Utilities _____

Child Care _____

Car Payments _____

Other Vehicles _____

Public Transportation _____

Insurance _____

Telephone _____

Cellular Phone/Pager _____

Food _____

Credit Cards _____

Other Charge Accounts _____

Medical _____

Cable/Satellite TV _____

Entertainment _____

Clothing/Dry Cleaning _____

Student Loans (Total Payment) _____

Other: _____

Total Monthly Expenses: _____

This information is being requested to determine your eligibility for deferment or forbearance. It will remain confidential, however, the Office of Student Services reserves the right to use this information if collection efforts become necessary. A credit bureau report may be ordered to verify the information provided.

▶ _____
Borrower's Signature Date

Mail or fax forms to: Boston College Office of Student Services
140 Commonwealth Avenue, Lyons Hall
Chestnut Hill, MA 02467

Phone: 800-294-0294
Fax: 617-552-4889