Forbearance Request

If your financial difficulties prevent you from making timely payments on your student loans(s), you may be eligible for an Economic Hardship Forbearance. To qualify for this forbearance, you must request forbearance and provide documentation that you meet at least one of the following eligibility criteria:

- You have been granted an economic hardship deferment under the Federal Family Education Loan Program (FFELP), the Federal Direct Loan Program (FDLP), or the Federal Perkins Loan Program for the same period of time for which you are requesting an economic hardship deferment for your Loan.

- You are receiving payment under a federal or state public assistance program, such as Aid to Families with Dependent Children, Supplemental Social Security Income, Food Stamps, or state general public assistance.

- You and all co-signers have a medical condition that necessitates an extended leave of absence from work and can demonstrate that you do not have the assets to make payments on time.

Economic Hardship Forbearance may be granted based on income and family size.

Forbearance is granted at the note holder's discretion for a few months as an alternative to regular monthly payments.

The Forbearance begins on the date the eligible condition first existed, as determined by the loan holder. The forbearance ends on the date the eligible condition ends. This forbearance may be granted based on the lender's discretion. However, any negative reports that were submitted to credit bureaus will not be removed if the forbearance is granted retroactively. You must continue making your regular monthly payments until the forbearance is approved. You will receive written notice of the approval or denial of this request, after it has been processed.

During the hardship forbearance period, principal and interest payments are deferred, and the interest that accrues during the period may be capitalized at the expiration of the hardship forbearance.

RETURN COMPLETED FORM TO:

University Accounting Service, LLC
P.O Box 17238
Wilmington DE 19850

Forbearance Request

BORROWER NAME David Ishimwe Ruberamitwe **ACCOUNT NUMBER** 360021891671

ADDRESS 1612 briarcliff rd ne **CITY** Atlanta **STATE** GA **ZIP CODE** 30306

TELEPHONE NUMBER 4704554648 **ALTERNATE TELEPHONE NUMBER**

EMPLOYER NAME Emory University-Business School **WORK TELEPHONE NUMBER** 4047276270

EMAIL ADDRESS ishimwerubera@gmail.com

CO- BORROWER NAME **ACCOUNT NUMBER**

ADDRESS **CITY** **STATE** **ZIP CODE**

TELEPHONE NUMBER **EMAIL ADDRESS**

EMPLOYER NAME **WORK TELEPHONE NUMBER**

I request Economic Hardship Forbearance for the following dates: 12/12/2024-06/12/2025

To be considered for this forbearance type, check the condition(s) that apply and attach the required documentation. In addition, provide documentation of monthly payments due on any other student loan(s).

Check all that apply:

___ I am employed and experiencing financial difficulty. **(Provide documentation, such as copies of your pay stubs that indicate period and monthly gross income, or a copy of your most recent federal tax return.)**

yes I have no income.

___ I am self-employed. **(Provide a self-certifying statement of your projected monthly income from all sources, documentation of business, and a statement from your accountant certifying your involvement in the business.)**

___ I am receiving federal or state public assistance, such as AFDC, SSI, food stamps, or general State public assistance. documentation of this benefit, such as a statement of benefits from the organization.)

___ I have been granted economic hardship for a Federal Direct Student Loan or a Federal Family Education Loan. **(Attach documentation** this benefit, such as a letter of approval from the loan servicer.)

___ I have a medical condition that necessitates an extended leave of absence from work. **(Both you and any co-borrower(s) must** this criterion and provide statements from your doctors.)

I certify that I am unable to make payments according to the present terms of my loans(s). I understand that accrued and unpaid interest that accrues during the period may be capitalized at the end of any calendar quarter and at the expiration of the hardship forbearance period. I understand that capitalized interest increases my principal balance and increases the amount of interest I pay over the life of the loan. I understand that this benefit will decrease my repayment period and increase my monthly payment amount.

I understand this request and all supporting documentation will remain the property of the lender and its agent. The note holder reserves the right to obtain a copy of my credit report. Additional debt incurred or preferential payments to other creditors could result in the denial or termination of my forbearance request.

I understand that should my situation, under which I applied for Forbearance, change I must immediately notify UAS. The above information is true and correct to the best of my knowledge. I understand that misrepresentation may lead to the denial of my request. I have read and understand and agree to the terms of this request.

Borrower Signature David Ishimwe Ruberamitwe **Date** 12/2/2024

UAS Use Only
Economic Hardship: _____ # of months

Dates: _____ to _____

Form processed by _____

Date _____

FINANCIAL STATEMENT: (Include check stubs, tax documents or any documentation that supports your request).

1. Marital Status: (check one)

<u>Yes</u> Single   _____ Widow(er)

___ Married   _____ Divorced/Separated

2. Dependents

Name	Relationship	Age

3. Monthly Income:

Gross Monthly Income	$ ___0___
Deductions	_____
Net Monthly Income	_____
Spouse's Net Monthly Income	$ _____
Public Assistance (list type _____)	_____
Support Income (if separated or divorced)	$ _____
Other Income (list type _____)	$ _____
TOTAL MONTHLY INCOME	$ _____

Monthly Expenses:	Balance Outstanding	Monthly Payments
Mortgage/Rent	$ _____	$ _____
Car Expenses		
Loan	$ _____	
Gas, Oil, Insurance	$ _____	$ _____
Bank Loans (list type):		
_____	$ _____	$ _____
_____	$ _____	$ _____

Excluding this loan, provide information for all other educational loans. List by name and provide supporting documentation. (*Include total loan amounts, loan balances and monthly payment amounts.*)

	Balance Outstanding	Monthly Payments
Original loan amount: _____		
Original loan amount: _____	$ _____	$ _____
Original loan amount: _____	$ _____	$ _____
Other Outstanding Loans (personal)	$ _____	$ _____
Credit Cards:		
_____	$ _____	$ _____
_____		
Medical	$ _____	$ _____
Utilities		$ _____
Telephone		$ _____
Insurance (Life, Health, Home)		$ _____
Food		$ _____
Monthly Support Payments (if separated or divorced)		$ _____
Other Expenses:		
_____		$ _____
_____		
TOTAL MONTHLY EXPENSES		$ _____
NET Total (Monthly Income minus Total Monthly Expense)		$ _____

Assets:

Savings Account Balance (Bank Name) <u>Chase Bank</u>	200
Checking Account Balance (Bank Name) <u>Chase Bank</u>	$ 500