

Dear Borrower:

Under appropriate conditions, you may receive Economic Hardship forbearance on your education loans(s). Please review the enclosed form carefully for eligibility and for documentation required to demonstrate your eligibility. Complete both the **Request for Economic Hardship Form** and the **Financial Statement**. Your eligibility for the forbearance depends on the information you submit, and it is very important that you include copies of required documentation.

We will notify you of the approval or denial of your request.

You may also check the status of your loan(s) online at https://lendingcenter.studentchoice.org/?LID=1054

Please contact us with any questions. Loan Counselors are available at 877-530-9782 Monday through Friday, from 7:00 a.m. to 5:00 p.m. Central Time, with extended hours on Tuesdays until 6:00 p.m.

Sincerely,

Customer Service
University Accounting Service, LLC.

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 NO.	_{имвек} 360021891671			
Address 1612 briarcliff rd ne CITY Atlar	nta _{STATE} <u>G</u> Azip code 30306			
TELEPHONE NUMBER 4704554648 ALTERNATE TELI	EPHONE NUMBER			
EMPLOYER NAME Emory University WORK TELEPHON	NE NUMBE <u>R</u> 4047276270			
EMAIL ADDRESS ishimwerubera@gmail.com				
CO-BORROWER NAMEACCOUNT N	UMBER			
ADDRESSCITY	STATE ZIP CODE			
TELEPHONE NUMBER EMAIL ADDRESS	<u> </u>			
EMPLOYER NAME WORK TELEPHO	ONE 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) the addition, provide documentation of monthly payments due on any	at apply and attach the required documentation. In			
Check all that apply:				
I am employed and experiencing financial difficulty. (Provide docume period and monthly gross income, or a copy of your most recent to				
I have no income.				
I am self-employed. (Provide a self-certifying statement of your probusiness, and a statement from your accountant certifying your in				
I am receiving federal or state public assistance, such as AFDC, SSI, documentation of this benefit, such as a statement of benefits from the companion of t	food stamps, or general State public assistance. m the organization.)			
I have been granted economic hardship for a Federal Direct Student Lo	· · · · · · · · · · · · · · · · · · ·			
I have a medical condition that necessitates an extended leave of abservation and provide statements from your doctors.)	ence from work. (Both you and any co-borrower(s) must			
I certify that I am unable to make payments according to the present terms interest that accrues during the period may be capitalized at the end of any forbearance period. I understand that capitalized interest increases my prover the life of the loan. I understand that this benefit will decrease my repamount. I understand this request and all supporting documentation will remain the	y calendar quarter and at the expiration of the hardship incipal balance and increases the amount of interest I pay payment period and increase my monthly payment			
reserves the right to obtain a copy of my credit report. Additional debt incoresult in the denial or termination of my forbearance request.	urred or preferential payments to other creditors could			
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	Date12/2/2024			
	UAS Use Only Economic Hardship: # of months Dates: to			
	Form processed by			

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

Marital Status: (check one)	2. Dependents		516.11	
y <u>es_SingleWidow(er)</u>	Name ————		Relationship	Age
MarriedDivorced/Separated			_	
Monthly Income:			_	
Gross Monthly Income Deductions		\$0		
Net Monthly Income Spouse's Net Monthly Income		\$		
Public Assistance (list type) Support Income (if separated or divorced)		Φ		
Other Income (list type)	\$		
TOTAL MONTHLY INCOME		\$		
Monthly Expenses: Mortgage/Rent	Balance Outstan		hly Payments	
Car Expenses				
Loan Gas, Oil, Insurance	\$ \$			
Bank Loans (list type):	¥			
	\$			
	\$	\$		
Original loan amount: Original loan amount: Original loan amount: Other Outstanding Loans (personal) Credit Cards:	\$ \$	\$ \$ \$		
	\$	<u> </u>		
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 Ex	pense)	\$		
Assets:				
Savings Account Balance (Bank Name) Chase				

Updated 10/28/2015 PLEH