

KU Endowment Loan Program

Request for Hardship Forbearance or Reduced Payment

Borrower Name: _____

Account Number: _____

Address: _____
 Street (Apt No.) City St Zip

Email address: _____

Section 1 - (please check one of the following):

1. _____ I request _____ months of forbearance (six months maximum) on my Kansas University Endowment Association loan(s) because **I am unable to make scheduled payments due to financial hardship.**
(Please complete section 2 and 3)

2. _____ **I request a temporary reduction of my monthly loan payment.** Based on my financial situation, I will make monthly payments in the amount of \$_____ (must be at least \$20.00 per month, or an amount equal to the monthly interest accrual plus \$5.00) for a period of _____ months (up to six months). **If approved, I agree to pay this amount each month as a condition of this agreement, and if two payments are missed, my agreement will be terminated by the Kansas University Endowment Association, and the original terms of my loan will be reinstated. I also understand (in accordance with the original promissory note) I may incur additional collection costs (as allowed by federal and state laws) if I default on my loan payments.**
(Please complete section 2 and 3)

3. _____ **I am unable to make scheduled payments due to being temporarily totally disabled.**
If you are temporarily totally disabled:
 - 1) *You must be unable to work and earn money or go to school for at least 60 days in order to recover from an injury or illness.*
 - 2) *You must not be requesting this deferment based on an injury or illness that existed before you applied for your loan(s), unless the condition has substantially deteriorated so that you are now temporarily totally disabled.*
 - 3) *You must re-certify the disabling condition every six months to continue this deferment.*

4. _____ **I am unable to work because I am caring for a spouse or dependent who is temporarily totally disabled. Please provide name of spouse or dependent _____.**
If you are caring for a spouse or dependent who is temporarily totally disabled:
 - 1) *Your spouse or dependent must have an injury or illness that requires at least 90 days of continuous nursing or similar care from you, which prevents you from working full-time.*
 - 2) *You must re-certify the disabling condition every six months to continue this deferment.*
(Please complete sections 2, 3, and 4)

5. _____ **I am serving in the PeaceCorps or AmeriCorps.**
(Please complete sections 2, 3, and 5)

Section 2 - Income and Expenses:

Monthly Income:
_____ Gross Wages
 (please include spouse)
_____ Public Assistance
_____ Unemployment
_____ Child Support
_____ Other Income
_____ Workmen Comp

_____ TOTAL

Monthly Expenses:
_____ Housing
_____ Automobile
_____ Household Expenses
_____ Other Loans
_____ Other Expenses

_____ TOTAL

Section 3 - Borrower Certification:

I certify that all statements made are true and correct. I also certify that I will immediately notify Kansas University Endowment Association of any change in my financial situation. I authorize a representative of the Kansas University Endowment Association to obtain from my applicable parties' pertinent information in order to verify this application. This account will remain in repayment status until this form is approved. If this form is incomplete it will be returned to me. I understand that the following terms and conditions apply to this forbearance:

- 1) I am not required to make payments of loan principal during the forbearance period. Interest will continue to accrue on the unpaid principal balance during this period of forbearance or reduced payment. I may pay the interest at any time.
- 2) If I am applying for a forbearance based on temporary total disability, I authorize any physician, hospital, or other institution having records about the disability for which I am requesting a deferment to provide information from these records to the Kansas University Endowment Association and/or ECSI (Educational Computer Systems, Inc.).
- 3) My forbearance will begin on the date the condition that qualifies me for the forbearance began.
- 4) My forbearance will end on the earlier of (a) the date the condition that qualifies me for the forbearance ends, or (b) the date the condition that qualifies me for the forbearance is expected to end, as certified by the physician who completes Section 4 of this form. My forbearance will last no longer than six months after the date my physician certifies this request.

Signature _____ Date _____

Day Phone _____ Evening Phone _____

Section 4 – Statement of Disability (Completed by Physician):

Instructions for physician: You are being asked to complete and sign this form to certify that the borrower or the borrower's spouse or dependent identified above in Section 1 is temporarily totally disabled. You may complete this form only if you are a doctor of medicine or osteopathy legally authorized to practice. Sign the certification only if the disabled person's condition meets the definition of Temporary Total Disability (as defined in Section 1). Please provide all requested information. Report dates as month-day-year.

The disabled person became unable to work and earn money or attend school, or required continuous nursing or similar care on _____ . The disabling condition or care is expected to continue until _____ .

Diagnosis of the disabled person's present medical condition (please describe the condition – do not use abbreviations or insurance codes):

If different from the date you provided above, when did the disabled person's injury or illness begin? _____

I certify that, in my best professional judgment, the borrower identified above in Section 2 is unable to work and earn money or attend school for at least 60 days because of a medically determinable impairment, or the borrower's spouse or dependent identified above in Section 2 requires continuous nursing or similar care for a period of at least 90 days. I am a doctor of medicine or osteopathy legally authorized to practice.

Physician's Name (printed) _____

Address _____

Physician's Signature _____

Section 5 - Certification of borrower's engagement in the PeaceCorps or AmeriCorps as indicated in

The borrower's service began on _____ (mm/dd/yy) and is expected to end on _____ (mm/dd/yy).

Name of Organization _____

Address _____ City, State, Zip Code _____

Name/Title of Authorized Official _____ Telephone (____) _____

Authorized Official's Signature _____ Date _____

**Please return form to: Kansas University Endowment Association
P.O. Box 1817
Lawrence, KS 66044-8817**

**Fax: (785) 832-7495
Email: loanoffice@kuendowment.org
Phone: (785) 832-7450**