



FORBEARANCE APPLICATION CHECKLIST

Please carefully read and complete the enclosed forbearance application. Before you consider a forbearance, be sure you have exhausted all other possible options, such as talking with the cosigner on your loan(s) or other family or friends to see if they can provide assistance to you or determining whether you may be eligible for a reduced payment under the Income Based Repayment Plan (IBR).

If you have exhausted all of your options and wish to submit a request for forbearance, please be sure to include the following:

- Completed forbearance application
- Completed Monthly Income and Expenses Worksheet
- Copy of your and your cosigner's (if applicable) most recent tax return (if current year tax return is not yet available, please provide copy of previous year's tax return)
- Copy of your and your cosigner's (if applicable) most recent pay stub

Please note if there is a cosigner on your loan, the forbearance application, including the Monthly Income and Expense Worksheet, must be completed by both you and your cosigner for you to be eligible for a forbearance. Furthermore, both you and your cosigner (if applicable) must send in copies of the most recent tax return and pay stub or your application will not be approved.

You can send your completed application and supporting documentation by mail, fax, or online:

Rhode Island Student Loan Authority
PO Box 81071
Warwick RI 02888-0089
Attn: Forbearance Dept.

Fax: 401-468-2195
Securely online: www.risla.com/send-docs

Upon receipt of your application, your request for forbearance will be reviewed. If denied, a follow up notification will be sent. Please note you are responsible for making payments on your loans until you receive notification that your forbearance request has been granted.

Rhode Island Student Loan Authority, PO Box 81071, Warwick RI 02888-0089
TEL: 401.468.1700 -TOLL-FREE: 800.758-7562 - FAX: 401.468.2195 - TDD: 401.468.1750
EMAIL: customerservice@risla.com

RI STUDENT LOAN AUTHORITY

FORBEARANCE APPLICATION FOR NON-FEDERAL LOAN(S)

Borrower Information

| | | | | |
|-------------------|---------------------|----------------|----------------|----------|
| BORROWER NAME | | BORROWER SSN | | |
| PERMANENT ADDRESS | | CITY | STATE | ZIP CODE |
| HOME PHONE NUMBER | ALTERNATIVE PHONE # | EMAIL ADDRESS | | |
| EMPLOYER | | EMPLOYER PHONE | YEARS EMPLOYED | |
| EMPLOYER ADDRESS | | EMPLOYER CITY | STATE | ZIP CODE |

Cosigner Information

| | | | | |
|-------------------|---------------------|----------------|----------------|----------|
| COSIGNER NAME | | COSIGNER SSN | | |
| PERMANENT ADDRESS | | CITY | STATE | ZIP CODE |
| HOME PHONE NUMBER | ALTERNATIVE PHONE # | EMAIL ADDRESS | | |
| EMPLOYER | | EMPLOYER PHONE | YEARS EMPLOYED | |
| EMPLOYER ADDRESS | | EMPLOYER CITY | STATE | ZIP CODE |

Requested Time Period (cannot be greater than 3 months*)

Requested Forbearance Start Date (MM/DD/YYYY) _____

Requested Forbearance Length 1 month 2 months 3 months

Account Number(s) _____

I certify that I am unable to make payments according to the present terms of my loan. By accepting this forbearance, I understand that my payments may increase after my forbearance period is over as my repayment period will not be extended. My monthly payments will be calculated at the end of the forbearance period based on the principal balance plus outstanding accrued interest at that time. I understand I can make payments during my forbearance period and doing so will not cancel my forbearance.

Borrower signature _____ Date _____

Cosigner Signature _____ Date _____

Signature is required from both parties (if applicable) in order to be eligible for forbearance.

*Forbearances are granted in up to 3-month increments. If you require additional forbearance time after your approved forbearance period is over, you must re-apply. If your account is past due at the time you request forbearance, approved forbearance time will be used first to bring your account current and any remaining forbearance months will be applied to postpone the due date of future payments. The maximum forbearance time allowed is stated in my promissory note.

Borrower Name: _____

Borrower SSN: _____

Monthly Income and Expenses Worksheet

Both borrower and cosigner (if applicable) must complete this section for all forbearance requests. **Borrower and cosigner** must provide the documentation listed below in order to be eligible for forbearance. If the requested forbearance is approved, interest will be capitalized at forbearance end and added to the principal balance.

- Current Federal Tax Return (Form 1040) with W-2 and all corresponding tax schedules
- Current pay stub or statement of unemployment
- Loan(s) must be less than 120 days past due at the time the forbearance application is processed

| Average Monthly Income | Borrower | Cosigner |
|--|-----------|-----------|
| Net employment income | \$ | \$ |
| Net self-employment | \$ | \$ |
| Non-taxable income | \$ | \$ |
| Investments (interest, dividends, rental) | \$ | \$ |
| Other income | \$ | \$ |
| Total Income | \$ | \$ |

| Average Monthly Expenses | Borrower | Cosigner |
|--|-----------|-----------|
| Rent/mortgage | \$ | \$ |
| Homeowner/condo fees | \$ | \$ |
| Real estate taxes | \$ | \$ |
| Utilities | \$ | \$ |
| Retirement contributions (401k, pension, IRA, etc.) | | |
| Insurance premiums | \$ | \$ |
| Automobile loan payments | \$ | \$ |
| Food | \$ | \$ |
| Medical/dental (non-reimbursable) | \$ | \$ |
| Household expenses | \$ | \$ |
| Student loan payments Creditor name | | |
| 1 | \$ | \$ |
| 2 | \$ | \$ |
| 3 | \$ | \$ |
| 4 | \$ | \$ |
| 5 | \$ | \$ |
| Credit card payments Creditor name | | |
| 1 | \$ | \$ |
| 2 | \$ | \$ |
| 3 | \$ | \$ |
| 4 | \$ | \$ |
| Other expenses | \$ | \$ |
| Total Expenses | \$ | \$ |

| Assets | Borrower | Cosigner |
|--|-----------|-----------|
| Cash on hand | \$ | \$ |
| Checking account(s) Name the financial institution | | |
| 1 | \$ | \$ |
| 2 | \$ | \$ |
| Savings account(s) Name the financial institution | | |
| 1 | \$ | \$ |
| 2 | \$ | \$ |
| Other interest accounts (money market, etc.) | \$ | \$ |
| Stocks, bonds & securities | \$ | \$ |
| All retirement accounts (IRA, 401k, KEOGH, others) | \$ | \$ |
| Debts owed to you | \$ | \$ |
| Resident real property & other real property owned (market) | \$ | \$ |
| Other assets | \$ | \$ |
| Total Assets | \$ | \$ |

Please note you are responsible for all monthly payments until the forbearance application has been approved.

Please return your completed application to:

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or send by Fax: 401-468-2195 or Online: www.risla.com/send-docs