



UTAH HIGHER EDUCATION ASSISTANCE AUTHORITY  
**FORBEARANCE REQUEST FORM**

Forbearance is a temporary postponement of your monthly payment during a period of financial hardship. During forbearance you will be responsible for the interest accruing on your loans. Unpaid interest will be capitalized (added to your loan principal balance) either quarterly or at the end of the forbearance period. **It is strongly recommended you pay the accrued interest during a forbearance period.**

**If you are past due on your monthly payments, please return this form to us immediately.** Collection calls and delinquency letters must continue until this form is received and the forbearance approved. Approval of this forbearance request is not automatic and will be granted at our discretion.

**Borrower Information**

Last Name	<input type="text"/>	Middle Initial	<input type="text"/>
First Name	<input type="text"/>	UHEAA Account #	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Country (if outside the U.S.)	<input type="text"/>		
Phone	( <input type="text"/> ) <input type="text"/>	Alt.	( <input type="text"/> ) <input type="text"/>
Email	<input type="text"/>		

**Reference Information**

Last Name	<input type="text"/>		
First Name	<input type="text"/>	Relationship	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Daytime Phone	( <input type="text"/> ) <input type="text"/>		<input type="text"/>

**Borrower Employment Information**

Employer	<input type="text"/>		
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Office Phone	( <input type="text"/> ) <input type="text"/>		<input type="text"/>

I request forbearance to cover any amount past due. I also request to postpone payments for an additional  month(s).

**Forbearance Request Agreement**

Describe the cause of your temporary financial hardship. **(Required. Use additional pages if necessary.)**

Describe the steps you are taking to resolve the circumstances described above. **(Required. Use additional pages if necessary.)**

I certify that I am willing to repay my educational loans; however, I am temporarily unable to make payments at this time due to a financial hardship. I understand any outstanding interest will be capitalized as stated above; therefore, my repayment terms may be affected. I agree to the terms of this forbearance and agree to repay my loans upon the expiration of this forbearance and in accordance with the terms of my promissory note(s).

Signature: \_\_\_\_\_ Date:   /   /

**FAX TO:** (801) 366-8430 **OR MAIL TO:** UHEAA, PO BOX 145110, SALT LAKE CITY UT 84114-5110