

Income Sensitive Repayment Form

For Federal Family Education Loan Program Loans
Stafford/SLS/PLUS/Consolidation Loans



SECTION 1: BORROWER INFORMATION

Name _____ Account Number _____
 Address _____ Telephone - Home _____ (with area code)
 City / State / Zip _____ Telephone - Work _____ (with area code)
 E-Mail Address _____ Telephone - Alternate _____ (with area code)

SECTION 2: INCOME SENSITIVE PAYMENT CALCULATION

To apply for an Income Sensitive Repayment Schedule for the next 12 months, complete this application and submit documentation of your most recent total monthly gross income from all sources (i.e. Pay Stub). Your monthly payment amount will be the greater of the monthly interest accrual on the loan(s) for which you are requesting an Income-Sensitive Repayment Schedule or 4% of your total monthly gross income unless a higher amount is requested. Please note that once we determine your payment amount based on this formula, it may be necessary to increase it in order to comply with Federal Regulations that require us to ensure no single installment amount in an income sensitive repayment schedule is more than three times greater than any other installment amount.

- | | |
|--|---|
| <p>1. Monthly Gross Income:
 <i>Attach documentation of your gross monthly income from employment and other sources.</i></p> | <p>\$ _____
 Monthly Gross Income</p> |
| <p>2. Estimated Monthly Interest Accrual:
 <i>Multiply the Principal Balance of each loan by the Interest Rate and then divide by 12.</i></p> | <p>\$ _____
 Monthly Interest</p> |
| <p>3. 4% Of Income:
 <i>Multiply your Monthly Gross Income by 4% (.04).</i></p> | <p>\$ _____
 4 % of Income</p> |
| <p>4. Estimated Monthly Payment:
 <i>Enter the greater of lines 2 and 3.</i></p> | <p>\$ _____
 Estimated Monthly Payment</p> |
| <p>5. Requested Monthly Payment:
 <i>If you would like your payment amount to be higher than the amount on line 4, indicate your requested payment amount here.</i></p> | <p>\$ _____
 Requested Monthly Payment</p> |

SECTION 3: BORROWER AGREEMENT / ACKNOWLEDGEMENT

I authorize AES to apply a Temporary Hardship Forbearance prior to being granted an Income-Sensitive Repayment Schedule in order to ensure any amount past due or currently due on my loan(s) will be covered. I understand that any outstanding accrued interest will be added to the principal balance of my loan(s).

X _____ X _____ Date _____
 Borrower's Signature Co-Maker's Signature (if applicable)

Return Completed Form To:
 AES □ P.O. Box 2461 □ Harrisburg, PA 17105-2461
 Fax: 717-720-3916 or 717-720-3931

For More Information Call Us Toll Free At **1-800-233-0557**
 Or Visit Our Website at **www.aesSuccess.org**