



American Education Services
P.O. Box 2461 Harrisburg, PA 17105-2461
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www.aesSuccess.org

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY
TO DETERMINE WHETHER YOU NEED TO TAKE ACTION.**

WHY WE ARE CONTACTING YOU

To provide you with a forbearance application for your Health Professions Loan(s) serviced by AES.

WHAT ACTIONS YOU NEED TO TAKE

If you would like to apply for forbearance, complete the application in its entirety and include the required documentation as detailed on the application.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- If you are still enrolled in school, you are not eligible to receive forbearance.
- Returned forbearance applications are typically processed within 20 days of receipt. You will receive a letter indicating whether your request has been approved or denied.
- It is important to continue to make payments until your forbearance request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the forbearance has been approved.
- If you are currently using our Electronic Funds Transfer, Direct Debit, payments will continue to extract until your forbearance request is approved. Please note that if at any time you wish to suspend a monthly extraction, you need to contact us at least 3 business days prior to your due date.
- Any forbearance retroactively applied will not result in any retraction of negative reports on your credit file.

HEALTH PROFESSIONS LOAN PROGRAM FORBEARANCE REQUEST

Forbearance is provided as an alternative to regular monthly payments. The forbearance is available for a maximum of 24 months granted in increments no greater than 3 months. FORBEARANCE IS GRANTED AT THE DISCRETION OF THE OWNER.

Please complete all fields below. Your request may be denied if the form is not completed correctly.

SECTION 1: BORROWER INFORMATION

Borrower Account Number: _____
Borrower Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) - _____ Alternate Telephone Number: (____) - _____
Email Address: _____
Employer Name: _____ Employer Telephone Number: (____) - _____

SECTION 2: CO-BORROWER INFORMATION

Co-borrower Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) - _____ Alternate Telephone Number: (____) - _____
Email Address: _____
Employer Name: _____ Employer Telephone Number: (____) - _____

SECTION 3: SCHOOL CERTIFICATION

In order to be considered for forbearance, certification of your enrollment status is required from an authorized official at your current/last school of attendance.

_____ Full Time _____ Half Time
TERM BEGIN DATE _____ TERM END DATE _____ OUT OF SCHOOL/GRAD DATE _____
INSTITUTION NAME _____ SCHOOL CODE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER _____
SIGNATURE OF AUTHORIZED OFFICIAL _____ NAME/TITLE OF OFFICIAL _____ DATE _____

My signature indicates that I am an Authorized Official and I have read and agree that the certification above is true to the best of my knowledge.

SECTION 4: FORBEARANCE AGREEMENT

I hereby request forbearance on my eligible privately guaranteed loans. I certify that I am unable to make payments according to the present terms of my loan(s). I understand that any unpaid interest will be added to the outstanding balance at the end of the forbearance period. My monthly payments may be recalculated at the end of the forbearance based on the new principal balance (including capitalized interest, if any).

I understand that should my situation under which I applied for forbearance change, I must notify AES Graduate and Professional Services. 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 forbearance request.

Borrower Signature

Date

Return completed form to: American Education Services * P.O. Box 2461 * Harrisburg, PA 17105-2461