WHY WE ARE CONTACTING YOU
To provide you with a forbearance application for your Alternative loan(s).

WHAT ACTIONS YOU NEED TO TAKE
If you would like to apply for this forbearance, complete the application in its entirety and include the required documentation as detailed on the application.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

• Returned forbearance applications are typically processed within ten (10) days of receipt. You will receive a letter providing you with the results of your application review.

• It is important to continue to make payments until your forbearance has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the account is brought current either by payment or a retroactively applied forbearance.

• If you are currently using our electronic funds transfer service, 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 three (3) business days prior to your due date.

• The Servicemembers Civil Relief Act (SCRA) allows members of the Uniformed Services to receive a reduced interest rate (not to exceed 6.000%) on qualifying debts during periods of active duty military service. Visit our website at www.aesSuccess.org or contact us at the telephone number provided above to learn more about the benefits that may be available for your student loans.

• If you use a deferment or forbearance, your eligibility may be delayed for, or you may be disqualified for any incentive programs that your lenders may offer, such as cosigner release, interest rate reductions and rebates. If you have any questions regarding your eligibility and how this may impact your account, please contact us at 800-233-0557.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO DETERMINE WHETHER YOU NEED TO TAKE ACTION.
REQUEST FOR FORBEARANCE
Forbearance is provided as an alternative to regular monthly payments

PLEASE COMPLETE ALL FIELDS BELOW. YOUR REQUEST MAY BE DENIED IF THE FORM IS NOT COMPLETED CORRECTLY. YOU MUST CONTINUE MAKING YOUR REGULAR PAYMENTS UNTIL THE FORBEARANCE HAS BEEN APPROVED.

ACCOUNT NUMBER __________/______________/________________

BORROWER NAME __________________________________________

ADDRESS ______________________________________ CITY ________
STATE ______ ZIP ____________

TELEPHONE NUMBER (____) ______ - ________ MOBILE TELEPHONE NUMBER (___) ______ - __________

WORK TELEPHONE NUMBER (____) ______ - ________ EMAIL ADDRESS

I consent to the lender and any other owner, holder, servicer, guarantor or insurer of my account to contact me about my account via autodialer or similar device and/or using a prerecorded or artificial voice or message for any lawful purpose utilizing any cellular telephone number(s) I provide, even if I am charged for the call under my phone plan. Providing my mobile or alternative telephone number(s) and electronic mail address(es) to PNC is voluntary and I am under no obligation to do so. If I do not elect to provide a mobile or alternative telephone number, or electronic mail address, it will not affect the consideration or disposition of my forbearance request.

Yes, I am in a degree granting program and I hereby request the forbearance selected below for all of my private loans. If the forbearance is being requested for specific loans, please list the first disbursement dates of each:

☐ IN-SCHOOL: __ FULL TIME __ HALF TIME  PLEASE HAVE AUTHORIZED OFFICIAL COMPLETE THE BOX BELOW
☐ ECONOMIC HARDSHIP
☐ RESIDENCY: ___ DENTAL ___ MEDICAL  PLEASE HAVE AUTHORIZED OFFICIAL COMPLETE THE BOX BELOW
☐ MILITARY MOBILIZATION - I will enclose a copy of my current Active Duty orders. I understand that my request may be denied if my orders are not enclosed.
☐ I would NOT like to invoke the Servicemembers Civil Relief Act (SCRA)

AUTHORIZED OFFICIAL’S CERTIFICATION REQUIRED FOR FORBEARANCE
PLEASE PRINT OR TYPE

PROGRAM BEGIN DATE _______ PROGRAM END DATE _______ EXPECTED GRAD DATE _______

INSTITUTION/ORGANIZATION NAME _____________________________ DOE 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.

I meet the qualifications for the forbearance type checked above and request my lender/servicer to defer repayment of my educational loan(s). If my loan program allows, accrued and unpaid interest may be capitalized, added to the principal balance, in accordance with the terms of my original promissory note. I understand that, should my situation under which I applied for the forbearance change, I must notify my lender/servicer immediately.

BORROWER SIGNATURE _______________________________________ DATE ________________

RETURN COMPLETED FORM TO: American Education Services * P. O. Box 2461 * Harrisburg, PA 17105-2461

FAX: 717-720-3916