



American Education Services

P.O. Box 2461 Harrisburg, PA 17105-2461

Toll-free 1-800-233-0557 • TDD 717-720-2354

Fax 717-720-3916 • International 717-720-3100

**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 CHASE loan(s).

WHAT ACTIONS YOU NEED TO TAKE

If you would like to apply for this forbearance, complete the application in its entirety.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- 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 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.
-

HARDSHIP FORBEARANCE REQUEST

Forbearance is provided as an alternative to regular monthly payments. The forbearance is available for a maximum of 12 months granted in increments no greater than 6 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.

BORROWER INFORMATION

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

SECTION 1:

If your financial difficulties prevent you from making timely payments on your loan(s), you may be eligible for Forbearance. Forbearance is granted at the loan Owner's discretion for a few months as an alternative to regular monthly payments. The Forbearance is normally granted in increments of one to six months, with a maximum of twelve months during the life of the loan. The Forbearance period may be backdated to cover periods of delinquency, if any exist. However, any negative reports that were submitted to create bureaus will not be removed if the Forbearance is granted retroactively.

_____ Yes, I hereby request Forbearance for all my private loans. If the Forbearance is being requested only for specific loans, please list the first disbursement dates of each: _____

SECTION 2:

Please indicate the reason for your request:

- Unemployed-no income and not working, but actively seeking work
- Underemployed-receiving income, but not enough
- Illness, short-term disability
- Parental Leave
- Financial emergency
- Natural disaster or acts of terrorism or acts of war

SECTION 3:

You must continue making your regular monthly payments until the Forbearance has been approved. You will receive written notice of the approval or denial of this request, after it has been processed.

I certify that I am unable to make payments according to the present terms of my loan(s). I understand and agree that accrued and unpaid interest will be capitalized at the expiration of the Forbearance period and included in a new repayment schedule. This new repayment schedule will decrease my repayment period and increase my monthly payment amount.

I understand this request and all supporting documentation will remain the property of the Owner. The Owner reserves the right to obtain a copy of my credit report. Additional debt incurred or preferential payments to other creditors could result in the denial or termination of my forbearance request. I understand that should my situation under which I applied for Forbearance change, I must immediately notify AES. 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, understand and agree to the terms of this request.

Borrower

Date

COSIGNER INFORMATION:

1st Co-Signer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () - _____ Alternate Telephone Number: () - _____

Email Address: _____

Employer Name: _____ Employer Telephone Number: () - _____

2nd Co-Signer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () - _____ Alternative Telephone Number: () - _____

Email Address: _____

Employer Name: _____ Employer Telephone Number: () - _____

REVENUE AND EXPENSES:

TOTAL OF MONTHLY INCOME		AMOUNT
1	Net Employment Income	
2	Net Self-Employment	
3	Investments (interest, dividends, rental income)	
4	Non-Taxable Income	
5	Other Income	
6	Total (add items 1 through 5)	
TYPE OF MONTHLY EXPENSE		
1	Rent/Mortgage, Homeowner/Condominium Fees	
2	Food	
3	Utilities	
4	Household Expenses	
5	Clothing	
6	Medical/Dental (non-reimbursable)	
7	Insurance Premiums	
8	Automobile Loan Payments	
9	Transportation Expenses	
10	Student Loan Payments	
	Name of Creditor (including credit cards)	Monthly Payments
	_____	_____
	Total (for item 10)	
	(if additional space is needed, please attach a separate piece of paper)	
11	Other Ordinary and Necessary Living Expenses	
12	Total (add items 1 through 11)	

Return completed form to:
AES, P.O. Box 2461, Harrisburg, PA 17105-2461 Fax: 717-720-2774