



American Education Services

American Education Services  
P.O. Box 2461 Harrisburg, PA 17105-2461  
Toll-free 1-800-233-0557 • TDD 717-720-2354  
Fax 717-720-3931 or 717-720-2774  
[www.aesSuccess.org](http://www.aesSuccess.org) • International 717-720-3500

DEAR CUSTOMER:

Enclosed is an Economic Hardship Forbearance Request form for your privately insured Hemar Insurance Corporation of America (HICA) loan(s) serviced by us. Please read the information carefully and complete the form. Return all required attachments to us along with the enclosed forbearance request form as soon as possible. You will be notified by mail of the approval or denial of your request. You may also check the status of your loan(s) online at [www.aesSuccess.org](http://www.aesSuccess.org).

If you are currently on Option 1 forbearance, you may request Option 2 forbearance which will allow your interest to be capitalized. If you are on forbearance and fail to address your interest delinquency, your delinquency will remain and all outstanding interest will be satisfied first when you resume repayment on your loan(s). You should address this situation immediately, should the situation arise, to avoid any adverse credit reporting as a result of interest delinquency.

If you have any questions or need additional information, please contact us at the address or telephone number shown above. Our business hours are Monday through Friday from 7:30 a.m. to 9 p.m., ET. Please include your account number and email address (if applicable) on all correspondence.

Shelly K. Bowman  
Assistant Vice President  
American Education Services

Enclosure(s)



**ECONOMIC HARDSHIP FORBEARANCE REQUEST  
ADEAL and ADEALB Guaranteed by HICA**

**READ BEFORE COMPLETING FORM. ALL ITEMS RELEVANT TO YOUR REQUEST MUST BE COMPLETED.**

**\*\* Incomplete items may be cause for DENIAL. \*\***

If you are experiencing financial difficulties which prevent you from making timely payments on your private loans obtained through the KeyBank Loan Program guaranteed by HICA, you may be eligible for a forbearance arrangement. FORBEARANCE IS GRANTED AT THE OWNER'S OPTION. Forbearance is provided as an alternative to regular monthly payments. The forbearance is available for a maximum of twenty four (24) monthly installments. Forbearance can be granted no more than six (6) months at a time. If your account is delinquent, the forbearance can be used retroactively to cover the period of delinquency, which will be included in the six (6) month forbearance period. However, any negative reports that were submitted to credit bureaus will not be removed if the forbearance is applied retroactively. *Please check the appropriate box below or your request may be denied.*

ACCOUNT NUMBER \_\_\_\_\_  
 BORROWER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 ALTERNATE PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**Return Completed Form To:**  
 AES Graduate and Professional Services  
 PO BOX 2461  
 HARRISBURG, PA 17105-2461  
 Fax 717.720-3931 or 717.720.2774

- OPTION 1 FORBEARANCE** - If you qualify, you would be responsible for paying the current 31 day accrued interest amount of the loan for the current months, and a principal and interest forbearance is granted to clear delinquency. *This option is only available if you are employed and unable to meet your monthly obligations.*
- OPTION 2 FORBEARANCE** - If you qualify, you would not make payments and all accrued interest will be capitalized at the end of the forbearance period. *This option is available if you are employed, unemployed, or disabled.*

DATES YOU ARE REQUESTING FORBEARANCE: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY MM DD YY

*When filling out dates, please remember to use MONTH/DAY/YEAR.*

**YOU MUST SUBMIT THE FOLLOWING APPLICABLE INFORMATION:**

**OPTION 1:**

- Current wage statement (check stub reflecting salary and deductions)
- Most recent 1040 tax return and W-2 forms for most recent year only
- Detailed statement listing monthly revenue and expenses
- Statement from unemployment or school placement offices
- Statement of how daily living expenses are being met.
- Notarized letter verifying hardship circumstances

**OPTION 2:**

- Detailed statement from attending physician regarding illness or disability of borrower or immediate family member
- Statement from employer verifying parental leave
- Detailed statement listing monthly revenue and expenses
- Statement from unemployment or school placement offices
- Statement of how daily living expenses are being met
- Notarized letter verifying hardship circumstances

**If self-employed, all proof of monthly income must be notarized.**

**\*\* If this information is not provided with this application, your forbearance request may be DENIED. \*\***

I hereby request a forbearance for private loans obtained through the KeyBank Loan Program guaranteed by HICA. 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 principal balance of my loan(s) at the end of the Option 2 forbearance period. My monthly payments will be calculated at the end of the forbearance period based on the new principal balance (including capitalized interest, if any) and will extend my repayment period. I understand that interest will continue to accrue on the unpaid principal balance (including capitalized interest, if any) during the forbearance period and the extension of the repayment period.

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 notify AES Graduate and Professional Services. In addition to the forbearance for which I applied, I understand the forbearance will be granted on ADEAL and ADEALB private loans serviced at AES Graduate and Professional Services which reflect a delinquency status.

I certify that the information I have provided on this form 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 \_\_\_\_\_

(Remember to COMPLETE THE BACK of this form.)

**FOR OFFICE USE ONLY**

Date Reviewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Examiner \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

## DETAILED LIST OF REVENUE AND EXPENSES

### Section 1 - AVERAGE MONTHLY REVENUES

	TYPE OF INCOME	AMOUNT
1	Net employment income	
2	Net self employment	
3	Investments (interest, dividends, rental income, etc.)	
4	Non-taxable income	
5	Other: _____ _____	
6	<b>TOTAL</b> (add items 1 through 5)	

### Section 3 - ASSETS

	TYPE OF ASSETS	VALUE
1	Cash on hand	
2	Checking account(s). Provide name and address of financial institution. _____ _____	
3	Savings account(s). Provide name and address of financial institution. _____ _____	
4	Other interest bearing accounts	
5	Stocks, bonds & other securities (itemize): _____ _____	
6	Individual Retirement Account(s)	
7	Debts owed to you	
8	Vehicles (type, model, make, year) _____ _____	
9	Resident real property & other real property owned. _____ _____	
10	Other assets (itemize): _____ _____	
11	<b>TOTAL</b> (add items 1 through 10)	

### Section 2 - AVERAGE MONTHLY EXPENSES

	TYPE OF EXPENSE	AMOUNT
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 *	
11	Credit card payments **	
12	Other ordinary and necessary living expenses.	
13	<b>TOTAL</b> (add items 1 through 12)	

\* Student Loan Payments  
NAME OF CREDITOR

MONTHLY PAYMENT

<b>TOTAL (for item 10)</b> .....	

\*\*Credit Card Payments  
NAME OF CREDITOR

MONTHLY PAYMENT

<b>TOTAL (for item 11)</b> .....	

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

Be sure to submit the applicable supporting documents along with this form completed on both sides. *If this information is not included with this application, your request for forbearance may be DENIED.*

**KEEP IN MIND THAT YOU ARE RESPONSIBLE FOR YOUR PAYMENTS UNTIL FORBEARANCE IS GRANTED.**