

Private Education Loan Internship/Residency Forbearance Request Form

To apply for a forbearance through Higher Education Servicing Corporation (HESC), please complete this form and return it by fax to (817) 792-7878 or by mail to: HESC, 4381 W. Green Oaks Blvd., Ste. 200, Arlington, TX 76016-4452.

Borrower Information

Borrower Name: _____ Social Security #: _____
Borrower Address: _____ Loan Account #: _____

Telephone #: _____
 Check here for change of address. Email Address: _____

Forbearance Terms & Conditions

If you are a medical student engaged in an Internship/Residency program you may qualify for an Internship/Residency Forbearance to postpone your Private Education loan payments for a maximum of 48 months. Higher Education Servicing Corporation (HESC) retains the right to the decision to grant you a forbearance and may request information about your situation in evaluating your request. If HESC grants your request for a forbearance, you understand that the repayment term of your Private Education loan(s) will not be extended (*except for certain instances as permitted by your Lender or required by law*) to accommodate your request and that you are still responsible for paying the principal balance, interest, and other fees and charges on your Private Education loan(s) and that any forbearance that HESC grants does not change your responsibilities under your Promissory Note(s). Periods of forbearance will increase your monthly payment once the forbearance ends. Interest will continue to accrue during the forbearance period. Unless you pay the interest, any unpaid interest at the end of the forbearance period will be repaid prior to the repayment of any principal balance. Your forbearance will begin on the date the internship/residency begins/began, as certified below, adjusted as needed to cover any delinquency on your loan(s) at the time this form is processed (subject to a maximum total of 48 months). You will resume repayment of this debt within thirty (30) days of the forbearance end date as determined by HESC. As the primary borrower, you and each co-signer agree that notice of the granting of a forbearance does not have to be given to the other party, and that the failure to give such notice shall not release or impair any of the obligations of you or such co-signers. Loan(s) must be less than 90 days delinquent to apply for an Internship/Residency Forbearance.

To qualify: (1) you must have been accepted into an internship/residency program which must (a) be a supervised training program, and (b) require that you hold at least a Bachelor's Degree before acceptance into the program. (2) In addition, your program must either (a) lead to a degree or certificate from an institution of higher education, a hospital, or a health care facility that offers postgraduate training, or (b) be required before you may be certified for professional practice or service. (3) If your program does not lead to a degree or certificate, but is required before you may be certified for professional practice or service, you must also provide a separate statement from the appropriate state licensing agency certifying this requirement, in addition to the Authorized Official's Certification.

Authorized Official's Certification

This form must be certified by the Internship/Residency Program Official (for all internships and residencies) or the State Licensing Official (for internships required to begin professional practice or service; certification by a state licensing official, if required, must be provided on a separate statement attached to this form).

I certify, to the best of my knowledge and belief, that the borrower named above is/was engaged in an internship/residency program, and that the borrower and the borrower's program meet all of the eligibility requirements to qualify as indicated in the second paragraph of the *Forbearance Terms & Conditions*.

The borrower's internship/residency program begins/began on ____/____/____ and is expected to end/ended on ____/____/____.

Name of Institution: _____ OPE-ID (if applicable): _____
Address: _____ City, State, Zip Code: _____
Name/Title of Authorized Official: _____ Telephone: _____
Authorized Official's Signature: _____ Date: _____

Borrower Authorization & Acknowledgement

I certify that I am engaged in an Internship/Residency program at an institution of higher education, hospital, health care facility or other institution/organization. Name of Internship/Residency program: _____. I authorize HESC to grant an Internship/Residency Forbearance on my Private Education Loan(s) under the terms and conditions of my Promissory Note for the dates certified above, adjusted as needed to cover any delinquency on my loan(s) at the time this form is processed (subject to a maximum total of 48 months).

By signing below, I certify that the information I have provided on this form is true and correct, and that I have read, understand, and meet the eligibility requirements and terms and conditions of the forbearance that I have requested and that I will provide additional documentation to HESC, as required, to support my forbearance request. I also certify that I am willing to repay my Private Education loan(s), but am unable to do so at this time due to the reason(s) indicated above. Interest will continue to accrue during this period. Unless I pay the interest, any unpaid interest at the end of the forbearance period will be repaid prior to the repayment of any principal balance. I will notify HESC immediately when the conditions that qualify me for the forbearance ends. I will resume repayment upon expiration of the forbearance and I agree to repay my Private Education loan(s) according to the terms of my Promissory Note(s) and Repayment Schedule(s). I understand and agree to the terms and conditions contained on this form.