

**Action Needed: Please complete and return the enclosed HEROES Act Waiver form to request an extension of your reduced payment amount.**

Dear Valued Customer,

Thank you for requesting an extension of the reduced payment amount on your income-driven repayment plan under the provisions of the HEROES Act Waiver.

If one of the following conditions applies to your current situation, please complete the enclosed HEROES Act Waiver Form and return it to the address or fax number on the right:

- You are serving on active duty during a war, other military operation, or national emergency (copy of military orders required)
- You are performing qualifying National Guard duty during a war, other military operation, or national emergency (copy of military orders required)
- You are residing or employed in an area that is declared a disaster area by any federal, state, or local official in connection with a national emergency

**Send your completed HEROES Act Form to Nelnet by fax (866.545.9196) or mail to:**

Nelnet  
Attn: Enrollment Processing  
P.O. Box 82565  
Lincoln, NE 68501-2565

**Just know that we're here for you when you need us.** If you have any questions, please visit [Nelnet.com](https://www.nelnet.com) or call us at 888.486.4722.

Sincerely,

Your Nelnet Customer Service Team



## HEROES Act Waiver Form

Please provide your current contact information:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ Email address: \_\_\_\_\_

Nelnet Account Number or Social Security Number: \_\_\_\_\_

### Waiver type requested (check one):

- I am serving on active duty during a war, other military operation, or national emergency. (Please include a copy of your military orders.)
- I am performing qualifying National Guard duty during a war, other military operation, or national emergency. (Please include a copy of your military orders.)
- I am residing or employed in an area that is declared a disaster area by any federal, state, or local official in connection with a national emergency.

The waiver type selected above began/will begin on \_\_\_\_\_, and I expect the condition to end on \_\_\_\_\_  
Waiver Type Begin Date

\_\_\_\_\_  
 Waiver Type End Date

### By signing below, I am certifying that:

- I am unable to provide the required income-driven repayment plan application and income documentation within the appropriate time frame as outlined in the regulations, and ask my servicer to extend my current reduced payment amount on my income-driven repayment plan for another year.
- I will continue to make the scheduled monthly payments as indicated on my monthly statements.
- My request may not be processed if it is being made prior to the renewal period of my income-driven repayment plan and after the deadline for the condition marked above has expired.
  - I will be responsible for submitting all appropriate documentation to renew my income-driven repayment plan if the renewal deadline for the condition marked above has expired.
  - Until this form is completed and returned for processing or documentation is submitted to renew my income-driven repayment plan, which may include a new income-driven repayment plan application and proof of income, I will be responsible for paying the payment amount as indicated on my monthly statements.
- If my student loan account is past due at the time this request is submitted, and I have forbearance time available to use, I authorize Nelnet to apply a forbearance to cover any past-due amounts for the reason (i.e. financial difficulties, change in employment, medical circumstances, or other) of:

\_\_\_\_\_  
 Reason for Forbearance (if needed)

- I acknowledge that interest will accrue during the forbearance period, and interest will be added to my principal balance (this process is called capitalization) if not paid prior to the end of the forbearance period.
- I will resume repayment upon expiration of the forbearance, and I agree to repay the loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-maker signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

