

PLUS One Loan Forbearance Application

Customer Name: _____
 Address: _____
 City, State ZIP: _____
 Phone Number: _____
 E-mail address: _____ Alternative phone number: _____
 Account Number: _____

For loans guaranteed under the provisions of the Higher Education Act of 1965, as amended. **WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. §1097.

Forbearance type requested (check one):

- PLUS One Loan** (Eligible to receive up to 12 months per forbearance request.) PLUS One Loan Program maximum: 4 years of forbearance for **students** with at least half-time enrollment. Must reapply for forbearance at end of each 12-month period. NOTE: Unless you request a shorter period, the forbearance will be applied to cover all outstanding delinquency before covering future months of repayment.

I prefer a shorter forbearance period (state the month / year you wish the forbearance to end) _____
 (If the date indicated requires more than 12 months of forbearance, the forbearance will be granted for 12 months--the maximum period of eligibility per forbearance request.)

- Hardship** (Eligible to receive up to 12 months per forbearance request.) NOTE: Unless you request a shorter period, the forbearance will be applied to cover all outstanding delinquency before covering future months of repayment.

I prefer a shorter forbearance period (state the month / year you wish the forbearance to end) _____
 (If the date indicated requires more than 12 months of forbearance, the forbearance will be granted for 12 months.)

If you are not eligible for a PLUS One Loan Program forbearance, a hardship forbearance will be processed. Forbearance eligibility requirements and forbearance maximums will apply.

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- Please apply forbearance to **all** of my student loans: PLUS, Stafford, and alternative.
- Please apply forbearance to **only** my PLUS loan(s).
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Forbearance agreement:

By signing below, I certify that I am willing to repay my loan(s) but am unable to do so at this time due to poor health or other personal reasons as indicated above. Interest will continue to accrue during this period. Unless I pay the interest, it will be capitalized at the end of the forbearance period and added to the principal balance of the loan. I will resume repayment upon expiration of the forbearance and I agree to repay this loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

- I expressly authorize Nelnet and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

Borrower signature

X _____ Date _____

Co-maker signature (if applicable)

X _____ Date _____

