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www.MyFedLoan.org



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FEDERAL STUDENT AID

INTERNSHIP-RESIDENCY FORBEARANCE APPLICATION

WHY WE ARE CONTACTING YOU

You requested an application for the medical or dental Internship-Residency Forbearance. That application is enclosed, along with information about some other options you may want to explore.

WHAT ACTIONS YOU NEED TO TAKE

To apply for this forbearance, complete the application and return it to our office. Remember to include any necessary supporting documents. To avoid common errors, please see the easy completion check list below:

Section 1

- Supply your most recent demographic information.

Section 2

- Choose to suspend or reduce payments.
- Provide the beginning and ending dates of the qualifying program.
- Indicate whether you are **Option 1)** completing a program for state certification to practice in your field or **Option 2)** completing a program to earn a degree at an institution of higher education, a hospital or a health care facility.

Note: If you are filing under Option 1, you must include a letter from your state licensing board saying that this program is required for you to be certified to practice OR a copy of your previously issued state license.

Section 3

- Sign and date the form.

Section 4

- The Program Director must include his or her printed name, title, and dated signature. For example, titles like Professor ARE NOT acceptable; titles like Program Coordinator or Director of Residents ARE acceptable.

ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

- Forbearance requests are typically processed within 10 business days. You will receive a letter indicating the result of this application.
- You are still responsible for any upcoming or past-due payments covered by the Internship-Residency Forbearance period. You can prevent collection activities by making payments or by completing the Supplemental Forbearance Form included with this application.
- To suspend Direct Debit transactions, you must contact us at least 3 business days prior to your due date. Otherwise, payments will continue to extract until your forbearance request is approved.
- If you would like to explore options other than the Internship/ Residency Forbearance, please review the enclosed Options for Title IV Loans page.

OPTIONS FOR TITLE IV LOANS

REPAYMENT SCHEDULE OPTIONS

If you are unable to make your current scheduled monthly payment, we offer various repayment plans to allow maximum flexibility in the repayment of your education loan(s). Below are descriptions of the repayment schedule options that may be available to you based on your loan program. If you would like to change your repayment schedule, please call us or visit our website at www.MyFedLoan.org for additional information on how to submit your request.

Standard (FFELP and Direct)- On a Standard (level) Repayment Schedule, the monthly payment amount generally remains the same throughout the repayment term which may not exceed 10 years. However, circumstances or events during repayment may result in changes to the monthly installment amount. Generally, this option is the fastest and most economical method of repayment.

Graduated (FFELP and Direct)- This repayment schedule allows you to pay a small monthly amount (typically, interest only) during the beginning of the repayment period. Your payment amount will increase gradually over the life of your loan(s). The amount of interest paid over the life of the loan is higher with this option than with the Standard (level) Repayment option.

25-Year Extended (FFELP Only)- This repayment schedule is only available to you if your loan(s) were first disbursed on/after October 7, 1998, and you have an outstanding balance of principal and interest in FFELP loans totaling more than \$30,000. You may choose a standard or graduated repayment schedule and the term may not exceed 25 years. Your monthly payment will be lower; however, the amount of interest paid over the life of the loan will be higher than with a 10 year repayment schedule.

25-Year Extended (Direct Only)- This repayment schedule is only available to you if your loan(s) were first disbursed on/after October 7, 1998, and you have an outstanding balance of principal and interest in Direct Loans totaling more than \$30,000. You may choose a standard or graduated repayment schedule and the term may not exceed 25 years. Your monthly payment will be lower; however, the amount of interest paid over the life of the loan will be higher than with a 10 year repayment schedule.

Income Sensitive (FFELP Only)- This repayment schedule provides a reduced monthly payment amount for a 12-month period. The payment amount is based on a percentage of your monthly gross income from all sources and the amount of interest that accrues on your loan(s) each month. You must request this schedule annually and supply all required documentation.

Income Based (FFELP and Direct)- This repayment schedule is available for Stafford loans, PLUS loans made to graduate or professional students, and Consolidation loans (with no underlying PLUS loans made to parent borrowers). You must qualify for this repayment plan by providing required documentation to prove you have a partial financial hardship. Your monthly payment amount is based on your annual Adjusted Gross Income (AGI), family size and state of residence. The payment amount may change every 12 months, as annual verification of your AGI and family size is required. The maximum repayment period is 25 years. Choosing this repayment option and meeting the eligibility criteria may qualify you for loan forgiveness of any remaining balance after a 25-year period.

Income Contingent (Direct Only)- This repayment schedule is available for Stafford loans, PLUS loans made to graduate or professional students, and Consolidation loans. When you begin paying under this repayment schedule, your initial payment amount will be the full amount of interest that accrues each month until we calculate your actual payment amount. You must provide certain information regarding your (and your spouse if applicable) Adjusted Gross Income and family size. Your payment amount is adjusted annually. The maximum repayment period is 25 years. If your loans are not paid in full after 25 years of repayment, any unpaid amount will be forgiven.

POSTPONING REPAYMENT OPTIONS

If you can't make any payments at all, then a deferment or forbearance might be the right choice to keep your loan(s) from entering default.

Deferment - Payments may be deferred if you qualify for one of the deferment conditions listed on your original promissory note(s). You must request the deferment and provide any required documentation. Interest for which you are responsible continues to accrue on unsubsidized Stafford loans, PLUS loans, SLS loans, and the unsubsidized portion of Consolidation loans during periods of deferment. Any interest that you do not pay during the deferment will be capitalized (added to the principal balance of your loans). Capitalization of interest increases the total cost of your loan(s). The federal government will pay the accruing interest on subsidized Stafford loans and the subsidized portion of a Consolidation loan during periods of deferment.

Forbearance - If you do not qualify for a deferment, you may be able to temporarily stop making payments as long as you intend to repay your loan(s). This option is called forbearance. During a period of forbearance, interest for which you are responsible continues to accrue on all loan types while you are temporarily permitted to stop making payments or to make reduced payments. Reasons for forbearance include but are not limited to periods when you are: experiencing a temporary financial hardship, serving in a medical or dental internship or residency program, serving in a national service position for which you receive a national service education award under the National and Community Service Trust Act of 1993, when your annual debt burden for FFELP or Direct loans equals or exceeds 20% of your total monthly income. You must request the forbearance and provide any required documentation. Any interest that you do not pay during the forbearance will be capitalized (added to the principal balance of your loans). Capitalization of interest increases the total cost of your loan(s).

For more information on available deferment and forbearance options, login to your online account at www.myfedloan.org. Our interactive eligibility quiz can help you determine if your education loan(s) is eligible for a deferment or forbearance and can provide guidance on the best options for postponing your payments. In some cases, you may even be able to apply for a deferment or forbearance completely online.

DISCHARGE

A loan discharge is a release of a borrower's or any co-maker's obligation to repay his or her loan(s), either in whole or in part. Circumstances under which a borrower's or co-maker's loan(s) may be discharged include: bankruptcy, school closure, false certification of your ability to benefit, false certification due to disqualifying status, false certification due to an unauthorized signature/unauthorized payment, false certification as a result of the crime of identity theft, unpaid refund, spouses and parents of September 11, 2001 victims, total and permanent disability, and certain teaching professions. If you feel you may qualify to have your loan(s) discharged under one of these reasons, visit our website at www.MyFedLoan.org for more information or to download an application.

OFFICE OF THE OMBUDSMAN

FedLoan Servicing's mission is to provide first rate customer service. If you have worked with FedLoan Servicing but have not been able to resolve a dispute concerning the terms of your loan(s), the Office of the Ombudsman is available for further assistance. The Department of Education's Office of Student Financial Assistance has created the Student Loan Ombudsman's office to help borrowers resolve concerns after every effort has been exhausted with the servicer. To learn more about the Office of the Ombudsman, you may visit www.ombudsman.ed.gov.



INTERNSHIP/RESIDENCY FORBEARANCE REQUEST
William D. Ford Federal Direct Loan Program

OMB No. 1845-0018
 Form Approved
 Exp. Date 05/31/2012

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

IRFB
 Internship/Residency

SECTION 1: BORROWER IDENTIFICATION **PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK**

Please correct or, if information is missing, enter below.

SSN [][][][]-[][][]-[][][][][]
 Name _____
 Address _____
 City, State, Zip _____
 Telephone - Home () _____
 Telephone - Other () _____
 E-mail Address (optional) _____

SECTION 2: FORBEARANCE REQUEST

Before completing this form, carefully read the entire form, including the instructions and other information in Sections 5, 6, and 7. YOU MUST HAVE AN AUTHORIZED OFFICIAL COMPLETE SECTION 4.

- If this forbearance request is approved, I want to (check one):
 - temporarily stop making payments; or
 - make smaller payments of \$_____ per month.
- I meet the required conditions stated in Section 7 for the forbearance checked below and request that the U.S. Department of Education (ED) grant a forbearance on my loan(s) beginning (MM-DD-YYYY) [][][]-[][][]-[][][][][] and ending (MM-DD-YYYY) [][][]-[][][]-[][][][][] for a period not to exceed 12 months. At the end of the forbearance, I may apply to renew the forbearance if I meet the required conditions.
- I am engaged in a MEDICAL OR DENTAL INTERNSHIP/RESIDENCY program that (check one):
 - must be successfully completed before I may begin professional practice or service (state licensing agency certification required); or
 - leads to a degree or certificate awarded by an institution of higher education, a hospital, or a health care facility that offers postgraduate training.

SECTION 3: BORROWER UNDERSTANDINGS AND CERTIFICATIONS

- I understand that the following terms and conditions apply to this forbearance request:
 - (1) I will continue to receive billing statements for my current payment amount which I must pay until I am notified by my servicer that my forbearance request has been granted.
 - (2) ED may grant me a forbearance on my loans for up to 60 days, if necessary, for the collection and processing of documentation related to my forbearance request. ED will not capitalize interest that accrues during this forbearance.
 - (3) ED will not grant this forbearance request unless this form is completed and any required documentation is provided.
 - (4) During the forbearance period, I am not required to make payments of loan principal and interest, but interest will be charged on all of my loans.
 - (5) If I requested a temporary suspension of payments, I will receive an interest statement, and I may pay the interest at any time. If I do not pay the interest that accrues on my loan(s), it will be capitalized at the end of the forbearance period.
 - (6) If I requested a reduced payment forbearance, I will receive a monthly bill for the requested payment amount until the forbearance ends, and any unpaid interest that has accrued during the period will be capitalized at the end of the forbearance period.
- I certify that:
 - (1) The information I have provided on this form is true and correct.
 - (2) I will provide additional documentation to my servicer, as required, to support my continued forbearance status.
 - (3) I will notify my servicer immediately when the condition that qualified me for the forbearance ends.
 - (4) I have read, understand, and meet the eligibility requirements of the forbearance for which I have applied.
 - (5) Upon termination of this forbearance, I will repay my loan(s) according to the terms of my promissory note and repayment schedule.

BORROWER'S SIGNATURE _____ DATE _____

SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief, that:

- (1) the borrower named above is/was a student engaged in the medical or dental internship/residency program indicated in Section 2 from (MM-DD-YYYY) [][][]-[][][]-[][][][][] to (MM-DD-YYYY) [][][]-[][][]-[][][][][] and
- (2) the borrower and the borrower's program meet all the eligibility requirements in Section 7.

Institution's Name _____ ID # _____
 Address _____ City, State, Zip _____
 Name/Title of Authorized Official _____ Telephone () _____

AUTHORIZED OFFICIAL'S SIGNATURE _____ DATE _____

SECTION 5: INSTRUCTIONS FOR COMPLETING THE INTERNSHIP/RESIDENCY FORBEARANCE REQUEST FORM

Type or print using dark ink. Report dates as month-day-year. For example, show "January 31, 2007" as "01-31-2007". **REMEMBER TO SIGN AND DATE THE FORM AND HAVE AN AUTHORIZED OFFICIAL COMPLETE SECTION 4.**

Send the completed form and any required documentation to:

U.S. Department of Education
FedLoan Servicing
P.O. Box 69184
Harrisburg PA 17106-9184

If you need help completing this form, call:
1-800-699-2908

If you use a telecommunications device for the deaf (TDD), call:
1-800-722-8189

Web site:
www.myfedloan.org

SECTION 6: DEFINITIONS

- An **authorized official** who may complete Section 4 is an authorized official of the medical or dental internship/residency program, or, for all internships required to begin professional practice or service, a state licensing official.
- If unpaid interest is **capitalized**, this means that it is added to the principal balance of your loan(s). This will increase the principal amount and the total cost of your loan(s).
- A **forbearance** allows you to temporarily postpone making payments on your loan(s) or lets you temporarily make smaller payments than previously scheduled. Interest is charged during a forbearance on all types of Direct Loans.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans. These loans are known collectively as "Direct Loans".

SECTION 7: ELIGIBILITY REQUIREMENTS

- You must have been accepted into a medical or dental internship/residency program that is a supervised training program and that requires you to hold a Bachelor's Degree before acceptance into the program.
- Your medical or dental internship/residency program must either:
 - be required before you may be certified for professional practice or service; or
 - lead to a degree or certification from an institution of higher education, a hospital, or a health care facility that offers postgraduate training.
- If your medical or dental internship/residency program is required before you may be certified for professional practice or service, you must attach to this form a separate statement from your state licensing agency which certifies that your internship/residency, in whole or in part, is required before you may be certified for professional practice or service.

SECTION 8: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authority for collecting the requested information from and about you is §451 *et seq.* of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1087a *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0011. The time required to complete this information collection is estimated to average 0.16 hours (10 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4537. **Do not send the completed form to this address.**

If you have questions about the status of **your individual submission of this form**, contact your servicer (see Section 5).

SMFT

SECTION 1: BORROWER IDENTIFICATION

NAME: _____ ACCOUNT NUMBER: _____

SECTION 2: FORBEARANCE AGREEMENT

If my Internship / Residency or Loan Debt Burden forbearance request is approved, I authorize FedLoan Servicing to grant a separate Temporary Hardship Forbearance for not more than 12 months to cover any past due payments not covered by the Internship / Residency or Loan Debt Burden forbearance.

If my Internship / Residency or Loan Debt Burden forbearance request is not approved, I authorize FedLoan Servicing to grant a Temporary Hardship Forbearance to cover any payments that are past due or due within the next 20 days from the date my request is processed. This forbearance will be for no more than 12 months.

Although my current situation is preventing me from making regularly scheduled payments, I intend and agree to repay my loan(s) according to the terms and conditions of my promissory note.

I understand and agree that:

- My period of Temporary Hardship Forbearance may not exceed 12 months at a time or a cumulative total of 36 months.
- My supplemental forbearance request will be denied if I have exhausted the maximum 36 months of Temporary Hardship Forbearance time.
- Interest continues to accrue during my forbearance period and I have the option to pay that interest.
- All unpaid interest will be capitalized (added to the principal balance) when my forbearance ends.
- Repayment will resume when my forbearance ends.
- My payment amount may be recalculated after the forbearance period ends in accordance with all applicable laws governing student loans.

SECTION 3: BORROWER AUTHORIZATION/SIGNATURE

My signature below certifies that I have read, understand, and agree to the terms stated in Section 2.

Borrower's Signature

Date

SECTION 4: RETURN ADDRESS

Send your completed form to:

FedLoan Servicing
P.O. Box 69184
Harrisburg PA 17106-9184

Or Fax to: 717-720-1628