



**ISR**

To apply for an Income Sensitive Repayment Schedule for the next 12 months, complete this application and submit documentation of your most recent total monthly gross income from all sources (i.e. pay stub). Your monthly payment amount will be the greater of the monthly interest accrual of the loan(s) for which you are requesting an Income Sensitive Repayment Schedule or 4% of your total monthly gross income unless you request a higher amount.

**SECTION 1: BORROWER INFORMATION**

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone – Home ( ) \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_ Telephone – Work ( ) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**SECTION 2: INCOME SENSITIVE PAYMENT CALCULATION**

1. **Monthly Gross Income:** \_\_\_\_\_ \$ \_\_\_\_\_  
*Attach documentation of your gross monthly income from employment and other sources.*  
 Monthly Gross Income
2. **Estimated Monthly Interest Accrual:** \_\_\_\_\_ \$ \_\_\_\_\_  
*Multiply the Principal Balance of each loan by the Interest Rate and then divide by 12.*  
 Monthly Interest
3. **4% Of Income:** \_\_\_\_\_ \$ \_\_\_\_\_  
*Multiply your Monthly Gross Income by 4% (.04).*  
 4% of Income
4. **Estimated Monthly Payment:** \_\_\_\_\_ \$ \_\_\_\_\_  
*Enter the greater of lines 2 and 3.*  
 Estimated Monthly Payment
5. **Requested Monthly Payment:** \_\_\_\_\_ \$ \_\_\_\_\_  
*If you would like your payment amount to be higher than the Amount on line 4, indicate your requested payment amount here.*  
 Requested Monthly Payment

**SECTION 3: BORROWER AGREEMENT / ACKNOWLEDGEMENT**

When we determine your payment amount based on the formula explained above, it may be necessary to increase it in order to comply with federal regulations that require us to ensure no single installment amount in an Income Sensitive Repayment Schedule is more than three times greater than any other installment amount.

I understand that any payments that are past due on my loan(s) prior to the Income Sensitive Repayment Schedule will be covered by a forbearance and any outstanding accrued interest will be added to the principal balance of my loan(s).

By providing a telephone number(s), I am expressly consenting to my schools, Department of Education, servicer, guarantor, owner, holder of my loan(s) or any of their respective agents or affiliates to contact me via automatic telephone dialing system or similar device and/or using a prerecorded or artificial voice or message and/or by text message utilizing the telephone number(s) I provide which are associated with any wireless (mobile/cellular) phone or similar device or any other type of telephone number (including VoIP) regardless of the purpose of the communication, even if such a communication incurs an access fee/charge from my provider/plan.

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
**Borrower's Signature** **Co-Maker's Signature (if applicable)**

**Return Completed Form To:**

FedLoan Servicing • P.O. Box 69184 • Harrisburg PA 17106-9184  
 Fax: 717-720-1628



**INCOME SENSITIVE REPAYMENT PLAN  
REQUEST TO END DEFERMENT/FORBEARANCE**

Records Code: LS200 - XBCR  
Version Date: 03/01/11

BORROWER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

I am requesting to have my deferment/forbearance terminated on my eligible loan(s) for the purpose of allowing FedLoan Servicing to process my request for an Income Sensitive Repayment Plan.

I understand that I am only requesting the termination of my current deferment/forbearance if I qualify for the requested repayment plan. I also understand that if my current deferment / forbearance is ended, any unpaid accrued interest will be capitalized (added to the balance) and my loan(s) will be placed into repayment.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date