



Texas Higher Education Coordinating Board
HEALTH EDUCATION ASSISTANCE LOAN (HEAL) PROGRAM
FORBEARANCE REQUEST

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the Texas Penal Code and Titles 18 and 20 of the United States Code, including 20 U.S.C. Section 1097.

SECTION 1: ACCOUNT IDENTIFICATION

Please enter the following information:

Account Reference Number or Borrower Social Security Number: _____

Borrower Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: (____) _____ - _____ Cell Telephone Number: (____) _____ - _____

Work Telephone Number: (____) _____ - _____ Email Address _____

Complete Section 2 in full, sign, and date.

SECTION 2: FORBEARANCE REQUEST

Forbearance is available to a borrower who is willing but unable to make scheduled payments due to a temporary financial hardship. A HEAL account maximum forbearance eligibility is 2 years throughout the life of the loan. Forbearance requests are subject to lender approval.

I am willing but unable to make current loan payments due to a temporary financial hardship.

Please explain why your circumstances warrant a temporary period of forbearance. Attach additional sheet(s) if needed.

Blank lines for explaining circumstances.

Please provide the information below. The poverty guideline published annually by the U.S. Department of Health and Human Services (HHS) will be used for consideration, along with other factors to help determine your eligibility for postponement of payments. Family size includes you, your spouse (if applicable), and your children.

Monthly Household Income \$ _____

Family Size _____

Borrower Understanding and Authorization

- I understand that: (1) I must pay my current scheduled payment amount until I am notified by my lender that my forbearance request has been granted; (2) I am not required to make payments during forbearance. However, interest will accrue on my loan(s); (3) A forbearance will not be granted unless all items in Section 1 and 2 are completed;
I authorize the entity to which I submit this request to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I have read the Borrower Understanding and Authorization and agree, upon termination of this forbearance, to repay this loan according to the terms of my promissory note and repayment schedule.

Borrower Signature _____

Date _____

SECTION 3: INSTRUCTIONS FOR COMPLETING THIS FORM

Type or print using dark ink.

Enter dates as month/day/year (MM/DD/YYYY). Use only numbers. Example: January 31, 2012 = 01/31/2012.

Include your name and reference number on any documentation that you submit with this form.

If you need help completing this form, contact our office at the telephone number shown in Section 5.

If you want to apply for a forbearance on loans that are held by a different loan holder, you must submit a separate forbearance request to that lender/servicer.

Return the completed form and any additional documentation to the address shown in Section 5.

SECTION 4: DEFINITIONS

- The holder of your loan(s) is Texas Higher Education Coordinating Board (THECB).
- A **forbearance** is available to a borrower who is willing but unable to make scheduled payments due to a temporary financial hardship. **Forbearance requests are granted at the discretion of THECB.**

SECTION 5: WHERE TO SEND THE COMPLETED FORM

Return the completed form and any required documentation to:

THECB
PO Box 12788
Austin, Texas 78711-2788
Fax 512-427-6423

If you need help completing this form, call:

Tel. 800-242-3062

SECTION 6: PRIVACY ACT DISCLOSURE NOTICE

The authority for collecting this information is Chapter 52 of the Texas Education Code. The principal purpose for collecting this information is to determine whether you are eligible for forbearance on your loan(s) under the Hinson-Hazlewood College Student Loan Program.

We ask that you provide the information requested on this forbearance agreement on a voluntary basis. However, you must provide all of the requested information so that we can determine whether you qualify for forbearance.

The information in your file may be disclosed to third parties only as authorized under the Family Education Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. §1232g). FERPA allows disclosure of personally identifiable record information, without consent of the individual, contained by an educational agency only insofar as allowed by 34 CFR §99.31. We may disclose personally identifiable information from an education record of a borrower without consent required if: (1) The disclosure is, subject to certain conditions, to officials of another school, school system, or institution of postsecondary education where the borrower seeks or intends to enroll; (2) the disclosure is, subject to certain conditions, to authorized representatives of (i) the Comptroller General of the United States; (ii) the Attorney General of the United States; (iii) the Secretary; or (iv) State and local educational authorities; (3) the disclosure is in connection with financial aid for which the borrower has applied or received, if the information is necessary for such purposes as to: (A) determine eligibility for the aid; (B) determine the amount of the aid; (C) determine the conditions for the aid; or (D) enforce the terms and conditions of the aid; (4) the disclosure is to organizations conducting studies for, or on behalf of, educational agencies or institutions to: (A) develop, validate, or administer predictive tests; (B) administer borrower aid programs; or (C) improve instruction; (5) the disclosure is to comply with a judicial order or lawfully issued subpoena; (6) the disclosure is made in connection with a legal action, initiated by us, against the borrower, in which instance we may disclose to the court, without a court order or subpoena, the records of the borrower that are relevant for us to proceed with the legal action as plaintiff.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but in order to receive any grant, loan, or work assistance under the Hinson-Hazlewood College Student Loan Program, a borrower must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.