



# Texas Higher Education Coordinating Board

## HEALTH EDUCATION LOAN PROGRAM (HELP)

### DEFERMENT AND 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:

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 \_\_\_\_\_

**If requesting a Deferment, make your selection below, then complete Section 3, sign, and date.**  
**If requesting a Forbearance, complete ONLY Section 4, sign, and date.**

#### SECTION 2: DEFERMENT REQUEST

**SELECT ONLY ONE. Please make sure you are eligible for the deferment type you select.**

I wish to postpone my state HELP loan payments because of:

- 1. Full time attendance at a school eligible to participate in the Title IV Higher Education Act of 1965, as amended programs
- 2. Participation in an approved internship or residency (4 year limit if you received your HELP loan on or after 10/22/85 or if grace has expired)
- 3. Full time participation in an approved fellowship training program or education activity (2 year limit)\*
- 4. Full time voluntary service in the Peace Corps (3 year limit)
- 5. Full time voluntary service under the Title I Domestic Volunteer Service Act of 1973 (VISTA/ACTION) (3 year limit)
- 6. Service as a member of the National Health Service
- 7. Full time active duty in the Armed Forces (3 year limit)
- 8. Completed approved internship or residency training in osteopathic general practice, family medicine, general internal medicine, preventive medicine, or general pediatrics and practicing primary care (3 year limit)
- 9. Graduate of Chiropractic school (1 year limit)
- 10. Provide health care services to Indians through any health program or facility funded in whole or part by the Indian Health Service for the benefit of Indians (Section 705(a)(2)(C) of the PHS Act (3 year limit for service starting 02/01/1999 or later)

\*A FELLOWSHIP TRAINING or EDUCATIONAL ACTIVITY must be directly related to the discipline for which you received your state HELP loan(s), and must begin within 12 months from the time you left your accredited internship or residency program. It must NOT be part of, an extension of, or associated with your internship or residency. In addition, the FELLOWSHIP TRAINING must be a formally established fellowship program. You must participate full time in research training or health care policy, and receive either no stipend, or a stipend not greater than that for graduate and professional training under Public Health Service grants.

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**SECTION 3: DEFERMENT CERTIFICATION**

Authorized officials for each deferment type above are: **1** - school registrar; **2** and **3** - program administrator; **4** and **5** - a certifying officer in the Division of Volunteer Support ACTION (Washington, DC); **6** - Public Health Service Regional Office Project Officer for the National Health Service Corps; **7** - Military Commanding Officer or Personnel Officer; or **10** - certifying official familiar with the funding of the health program or facility. For deferment type **8**, indicate when and where primary care residency was completed. For deferment type **9**, indicate date of graduation.

I certify that the information stated on this form reflects the current status of the borrower or that the borrower graduated \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/year). I also verify that I am qualified to certify this document.

PROGRAM BEGIN DATE (MM/DD/YYYY) ____/____/____	PROGRAM END DATE (MM/DD/YYYY) ____/____/____	PROGRAM NAME
SCHOOL, HOSPITAL, OR INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE		
PHONE NUMBER (____) _____ - _____	TYPE OF RESIDENCY SPECIALTY	
NAME OF AUTHORIZED OFFICIAL (Please Print)	TITLE	SCHOOL CODE (If Applicable)
SIGNATURE OF AUTHORIZED OFFICIAL	DATE	PHONE NUMBER (____) _____ - _____

**SECTION 4: FORBEARANCE REQUEST**

Forbearance is available to a borrower who is willing but unable to make scheduled payments due to a temporary financial hardship. A HELP account maximum forbearance eligibility is 3 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.
- I am requesting to temporarily reduce my payments for no more than six months. I am requesting to pay \$\_\_\_\_\_ (not less than the monthly interest accrual or half the standard monthly payment amount).

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

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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 deferment or forbearance request has been granted; (2) I am not required to make payments during deferment or forbearance. However, interest will accrue on my loan(s); (3) A deferment or forbearance will not be granted unless all items in the appropriate section 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 \_\_\_\_\_

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**SECTION 5: 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.

You may request either a deferment or forbearance, but **not both**.

An authorized official must either complete Section 3 or attach the organization's own signed certification listing the required information.

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

If you need help completing this form, contact our office at the telephone number shown in Section 7.

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

**Return the completed form and any additional documentation to the address shown in Section 7.**

**SECTION 6: DEFINITIONS**

- The holder of your loan(s) is THECB.
- An **authorized official** who may complete Section 3 is an official of the school or agency listed in accordance with the deferment you are requesting as described above.
- A **deferment** is a period during which you are entitled to postpone repayment of your loan(s). Interest will accrue during a deferment.
- 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 7: WHERE TO SEND THE COMPLETED FORM**

Return the completed form and any required documentation to:

THECB  
1200 East Anderson Lane, Austin, Texas 78752 or  
P.O. Box 12788, Austin, Texas 78711  
Fax 512-427-6423

If you need help completing this form, call:

800-242-3062 outside Austin  
512-427-6340 inside Austin

**SECTION 8: 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.