



**APPLICATION FOR ECONOMIC HARDSHIP FORBEARANCE
OF VANDERBILT UNIVERSITY MEDICAL SCHOOL LOANS**

Name of borrower: _____

Account Number: _____ Signature: _____

Mailing address: _____
(Street) (City) (State) (Zip)

Residence address: _____
(Street) (City) (State) (Zip)

Phone number: (____) _____ Email address: _____

I request a hardship forbearance of my Medical School student loan(s) for _____ months. I understand that, if granted, this forbearance is for no more than a 12-month duration, interest continues to accrue during forbearance, and that the maximum loan repayment period remains 10 years including the time during which payments on the loan are in forbearance. I also understand that all information and supporting documents given will be held in the strictest confidence and will not be subject to dissemination outside the requirements of the Office of Student Loans.

INCOME STATEMENT (Please provide appropriate supporting documentation.)

GROSS MONTHLY INCOME (borrower and spouse)	\$ _____
Less Federal and Social Security Taxes	\$ _____
NET MONTHLY INCOME	\$ _____

MONTHLY OBLIGATIONS

Rent/Mortgage	\$ _____
Auto	\$ _____
Miscellaneous Expense (food, utilities)	\$ _____
Other fixed monthly obligations _____	\$ _____
Other fixed monthly obligations _____	\$ _____
Other fixed monthly obligations _____	\$ _____

TOTAL MONTHLY PAYMENTS \$ _____

NET INCOME LESS MONTHLY PAYMENTS \$ _____

OTHER FINANCIAL

Savings Account Balance \$ _____ Checking Account Balance \$ _____

EMPLOYER / PERSONAL

Employer: _____

Marital Status: ___Single ___Married ___Widowed ___Divorced / Separated

Spouse: _____ # of Dependents: _____

Spouse's Employer: _____

I certify that all statements made above are true and correct. I also certify that I will immediately notify your office of any change in my employment status or significant change in my financial status. I authorize Vanderbilt University to obtain from my employer and/or doctor pertinent information in order to verify the information provided on this application.

Signature _____

Date _____

**Please return to:
Vanderbilt University
Office of Student Loans
PMB 406217
Nashville, TN 37240**