



STUDENT ASSISTANCE FOUNDATION

PO Box 5209 Helena, MT 59604-5209 1-800-852-2761 Ext. 6657 Fax (406) 495-7880 www.safmt.org

REQUEST FOR INCOME SENSITIVE REPAYMENT SCHEDULE

Borrower Information

Name _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

(____) _____ - _____
Area Code/Telephone Number

Financial Data

Total Monthly Gross Income from all Sources: \$ /Month ***

*** Be sure to include proof of all of your monthly gross income with this request

Requested Monthly Payment Amount: \$

Note: Student Assistance Foundation will make every effort to comply with your request for a specific payment amount. However, federal regulations require your monthly payment to equal at least the amount of interest which accrues monthly on your loan(s). Additionally, you must submit proof of income for Student Assistance Foundation to process your request. If you have questions about how to complete this form, contact Customer Service at (800) 852-2761, ext. 6657 or e-mail : customerserv@safmt.org.

Forbearance Agreement

If my loan(s) is past due for any payments and I do not send you the past due amount, I request that my account be brought current prior to my being granted an Income Sensitive Repayment Schedule by adding any outstanding accrued interest to the principal balance of my loan(s). If I am ineligible for an Income Sensitive Repayment Schedule, I may be granted a forbearance to bring my account to a current status. In that event, any outstanding interest will be added to the principal balance. I agree, upon termination of this forbearance, to repay this loan according to the terms of my Promissory Note and Repayment Schedule.

I certify that the financial information reported above is a true representation of my current income and I have enclosed evidence supporting my current monthly gross income. I further certify that based upon my current income level, I would be unable to repay my loan(s) within the time frame required by federal regulation.

Borrower Signature _____ Date _____

Mail Request To: STUDENT ASSISTANCE FOUNDATION
PO BOX 5209
HELENA MT 59604-5209