



P.O. Box 5209 Helena, MT 59604-5209
(800) 852-2761 Ext.6657
(406) 495-7880 Fax
www.safaccount.org

REQUEST FOR INCOME SENSITIVE REPAYMENT SCHEDULE

Borrower Information			
_____		_____	
Name		Account Number	
_____		_____	_____
Mailing Address	City	State	Zip Code
(____) _____ - _____			
Area Code/Telephone Number			

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 on your loan(s) each month. Also, if your account is in a paid-ahead status, you authorize Student Assistance Foundation to remove the paid-ahead status to apply to the requested Income Sensitive Repayment Schedule. 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 customerservice@safmt.org .

Financial Data

Total Monthly Gross Income from all sources: ***

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

Requested Monthly Payment Amount:

Forbearance Agreement

If my loan(s) is past due and I do not send 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 authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s), at the current 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 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 timeframe required by federal regulations.

Borrower Signature _____ **Date** _____

Mail Request To: STUDENT ASSISTANCE FOUNDATION P.O. BOX 5209 HELENA MT 59604-5209 **Fax Request To:** (406) 495-7880