



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**

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

**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:

**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](mailto:customerservice@safmt.org) .**

<p><b>Forbearance Agreement</b></p> <p>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.</p>
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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