

# Maine Medical Education Foundation Forbearance Request

Borrowers may be eligible for a forbearance based on the reason listed below. Please note that forbearances are at the discretion of Maine Medical Education Foundation (MMEF). Payment history and other factors are considered beyond the conditions listed. Complete this form and submit all documents required based on the reason for your request. Incomplete forms will be returned to the borrower.

## 1. BORROWER INFORMATION

Last Name:	First Name:	Middle Initial:	Loan Account No:
Mailing Address:		City/State/Zip:	
Home Phone Number:	Day/Cell Phone Number:	Email Address:	

## 2. FORBEARANCE PURPOSE



### Financial Hardship

Financial hardship for reasons such as: loss or reduction of work hours, temporary disability, etc.

- ✓ Complete the Financial Hardship Worksheet and send copies of most recent federal income tax return and your two (2) most recent paystubs.

## 3. SIGNATURE

I hereby certify that all of the information set forth on this forbearance form and any attached worksheets and required documents, is true, correct and complete

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

**NOTE: Interest will continue to accrue at the rate applicable to your loan(s). You will be required to make interest payments during your forbearance.**

**Submit Complete Form(s) to: Finance Authority of Maine, P.O. Box 949, Augusta, ME 04332-0949**

TEL: 1-800-228-3734    TTY: 207-626-2717    FAX: 207-213-2661    URL: [www.famemaine.com](http://www.famemaine.com)

<b>For Internal Use Only:</b>	<input type="checkbox"/> <b>A:</b> Residency completion date: _____		<input type="checkbox"/> Position Confirmed: _____		<input type="checkbox"/> Approved _____	<input type="checkbox"/> Denied _____
	<input type="checkbox"/> <b>B:</b> <input type="checkbox"/> Worksheet complete		<input type="checkbox"/> Mths Ok <input type="checkbox"/> Net Monthly: _____		<input type="checkbox"/> Approved _____	<input type="checkbox"/> Denied _____
<b>CURRENT</b>		<b>APPROVAL</b>			<b>Initial Done</b> NLS Notes      Agreement/Denial Letter Mailed _____ on _____ By _____  <b>NOTES:</b>	
	Acct Code		_____ Per Diem			
	Status End Date		_____ Interest Rate			
	Maturity Date		_____ Total Principal			
	Total Mnts forb		Approved Period: FR: _____ TO: _____			
	Payment Amt		ACH <input type="checkbox"/> Yes <input type="checkbox"/> No			

# Maine Medical Education Foundation Forbearance Request

Complete this worksheet along with the forbearance form if you want to be considered for a forbearance due to financial hardship.

## 1. BORROWER INFORMATION

Last Name:	First Name:	Middle Initial:	Loan Account No:
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## 2. REASON FOR HARDSHIP

<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Loss/Reduction of Employment	<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Other (please indicate reason)
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## 3. FINANCIAL DOCUMENTATION

- Complete the following Household Income and Expense Sheet

HOUSEHOLD MONTHLY INCOME		HOUSEHOLD MONTHLY EXPENSES	
Monthly Net Income - Borrower	\$	Monthly Mortgage/Rent	\$
Monthly Net Income – Spouse	\$	Monthly Utilities	\$
Average Monthly Interest Income	\$	Monthly Medical/Dental Expenses	\$
Monthly Unemployment Benefits	\$	Monthly Food Expenses	\$
Monthly Federal or State Public Assistance (AFDC, SSI, Food Stamps, etc.)	\$	Monthly Child Support Paid	\$
Monthly Child Support Received	\$	Monthly Day Care Expenses	\$
Monthly Alimony Received	\$	Monthly Automobile & Insurance Payment	\$
Other:	\$	Monthly Credit Card Payments (list below)	\$
Other:	\$	Monthly Other Personal/Student Loans (list below)	\$
Other:	\$	Other:	\$
<b>TOTAL MONTHLY INCOME:</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

Current Amount in Savings & Checking Accounts:	\$
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### Loans/Credit Card Payment Information (for loans and credit cards indicated above). Use additional sheet if needed.

Creditor	Current Balance	Outstanding Past Due Amount	Required Monthly Payment
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

## 4. SIGNATURE

If approved, 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 information provided here is true and correct. I authorize MMEF to obtain a credit report and other credit information in connection with this request for a forbearance. MMEF reserves the right to request copies of documentation supporting the amounts listed above at any time.

Signature of Borrower \_\_\_\_\_

Date \_\_\_\_\_

6/23/16