

Hanley Center for Health Leadership & Education Medical Student Loan Forbearance Request

Borrowers may be eligible for a forbearance based on the reason listed below. Please note that forbearances are at the discretion of Hanley Center for Health Leadership & Education (HCHLE). 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
for reasons such as ineligible major, > 5 years of residency, loss or reduction of work hours, or temporary disability

Desired Forbearance Begin Date: _____ **Desired Forbearance End Date:** _____

Complete the Financial Worksheet on page 2 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

| | | | | |
|-------------------------------|---|--|--|--------------------------------------|
| For Internal Use Only: | <input type="checkbox"/> A: Residency completion date: | <input type="checkbox"/> Position Confirmed: | <input type="checkbox"/> Approved_____ | <input type="checkbox"/> Denied_____ |
| | <input type="checkbox"/> B: <input type="checkbox"/> Worksheet complete | <input type="checkbox"/> Mths Ok <input type="checkbox"/> Net Monthly: | <input type="checkbox"/> Approved_____ | <input type="checkbox"/> Denied_____ |
| Signature/Approved by HCHLE: | | | | |

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Complete this worksheet along with page 1 of the forbearance request 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: |
|------------|-------------|-----------------|------------------|

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) |
|---|---|---|---|

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: | \$ |
| TOTAL MONTHLY INCOME: | \$ | TOTAL MONTHLY EXPENSES | \$ |
| Current Amount in Savings & Checking Accounts: | | \$ | |

| | | | |
|---|--|--|--|
| 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 HCHLE to obtain a credit report and other credit information in connection with this request for a forbearance. HCHLE reserves the right to request copies of documentation supporting the amounts listed above at any time.

Signature of Borrower

Date

01/2026