



FINANCIAL ARRANGEMENT FORM (FAF)

Complete all appropriate sections and return to The University of Michigan with required support documents

Name: _____	UM-ID or Last 4 Digits of SSN#
Street: _____	
City: _____ State: _____	
Zip: _____ <input type="checkbox"/> Check here if new address	
Home Phone#: _____	Work Phone#: _____
Cell Phone#: _____	Email Address: _____

This number ensure proper handling of this form

Return form with required supporting documents and payment by _____ to The University of Michigan, at the address above. **Do not send this form to Heartland ECSI.**

All deferments, if granted, are temporary. They may be considered null and void if you do not adhere to the requirements. **You will be notified, in writing, after the deferment has been processed.**

Borrower Certification
<p>I understand that all information and supporting documents given will be held in strictest confidence and will not be subject to dissemination outside the requirements of the lending institution. I further understand that this arrangement will consist of reduced or deferred payments, as determined by the lending institution based on my financial situation. It may be necessary to make accelerated payment at the expiration of this arrangement to repay the loan within the maximum ten year period.</p> <p>I certify that all statements made are true and correct. I also certify that I will immediately notify the lending institution of any change in my employment status or significant change in my financial situation. I authorize a representative of the lending institution to obtain from my applicable parties pertinent information in order to verify this application.</p>
<p>✓ _____</p> <p>Borrower's Signature By Checking this Box, I attest that this is my signature <input type="checkbox"/> Date</p>
<p>Please list the name, address and phone number of someone who will always know your whereabouts:</p>
<p>Name: _____ Relationship _____</p>
<p>Address: _____</p>
<p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>

Benefit Type:	<u>FORBEARANCE</u>	INSTITUTIONAL LOANS
<p>I AM REQUESTING FORBEARANCE <input type="checkbox"/></p> <p>Maximum 3 years. Defers principal only. Interest will continue to accrue. Interest can be billed <u>during</u> or <u>at the end</u> of the forbearance period. Interest cannot be capitalized.</p> <p style="text-align: center;">I understand that interest is my responsibility, I wish to pay interest:</p> <p style="text-align: center;"><input type="checkbox"/> Monthly <input type="checkbox"/> At the end of the Forbearance</p> <p style="text-align: center; margin-top: 20px;">❖ Go to page 3 and complete the Financial Circumstances Box.</p>		

Financial Circumstances – Please explain your present financial status here:

Employer Name: _____
Employer Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Job Title: _____ **Date of Hire:** _____

<u>Monthly Income</u>	<u>Student Loan Information</u>		
	<u>Loan Type</u>	<u>Monthly Pmt</u>	<u>Loan Amount</u>
_____ Gross Wages	_____	_____	_____
_____ Public Assistance	_____	_____	_____
_____ Unemployment	_____	_____	_____
_____ Child Support	_____	_____	_____
_____ Other Income	_____	_____	_____
_____ TOTAL	TOTALS	_____	_____

PLEASE SEND THE COMPLETED FORM WITH THE REQUIRED SUPPORT DOCUMENTS AND ANY NECESSARY PAYMENT TO:

University of Michigan – Student Loan Collections
 6000 Wolverine Tower – 3003 South State Street
 Ann Arbor MI 48109-1287

TO BE COMPLETED BY THE UNIVERSITY OF MICHIGAN

Economic Hardship Deferment	Forbearance	Interest (Bill Monthly) _____ (Bill @ End) _____
Loan# _____ Loan# _____	Loan# _____ Loan# _____	
Loan# _____ Loan# _____	Loan# _____ Loan# _____	
Def Start _____ Def End _____	Def Start _____ Def End _____	
6 months grace will add to deferment end date	Pmt covers interest thru _____ + P/L _____	

Unemployment Deferment

Loan# _____ Loan# _____

Loan# _____ Loan# _____

Def Start _____ Def End _____

6 months grace will add to deferment end date