

TOTAL INCOME

SOURCE	AMOUNT PER MONTH

DEPENDANTS & RELATIONSHIPS

NAME & RELATIONSHIP	AGE

LIST ALL ACCOUNTS, CREDITORS AND MONTHLY EXPENSES

MONTHLY PAYMENTS

Student Loans: **Send Verification showing your other student loans are in deferment or forbearance.	Lender	
Auto: Make: Year:	Title Holder	
Creditors: 1.	Loan Purpose	
2.		
3.		
4.		
5.		
6.		
7.		
TOTAL MONTHLY EXPENSES		\$

MONTHLY EXPENSES *BE SPECIFIC* ** DONATIONS ARE NOT CONSIDERED AS EXPENSES

FOOD	\$	UTILITIES	\$	CAR MAINTENANCE	\$
AUTO INSURANCE	\$	MEDICAL/LIFE INSURANCE	\$	OTHER	\$
RENT/HOUSE PMT	\$	TELEPHONE	\$	OTHER	\$
TOTAL MONTHLY EXPENSES					\$

I UNDERSTAND THIS FORBEARANCE IS RENEWABLE EVERY 6 MONTHS IF NEEDED, BUT NOT TO EXCEED 36 MONTHS. A REVIEW TO EXTEND OR REVIEW THE FORBEARANCE IS REQUIRED EVERY 6 MONTHS. I ANTICIPATE RESUMING FULL MONTHLY PAYMENTS BY _____.

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE AND CORRECT AND THAT I WILL IMMEDIATELY NOTIFY YOUR OFFICE OF ANY CHANGE IN MY FINANCIAL SITUATION. I REALIZE THAT BY SIGNING BELOW, I AM GIVING UTAH VALLEY UNIVERSITY MY PERMISSION TO VERIFY ALL INFORMATION ON THIS FORM. I ALSO UNDERSTAND THAT ALL INFORMATION GIVEN WILL BE HELD IN THE STRICTEST OF CONFIDENCE.

SIGNATURE _____

DATE _____

RETURN THIS COMPLETED FORM TO:

**UTAH VALLEY UNIVERSITY
LOAN COLLECTION OFFICE
800 W UNIVERSITY PKWY MS 109
OREM UT 84058**

PH# 801-863-8611

www.uvu.edu/collections