



**American Education Services**

P.O. Box 2461 Harrisburg, PA 17105-2461

Toll-free 1-800-233-0557 • TDD 717-720-2354

Fax 717-720-2774 • International 717-720-3500

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO DETERMINE  
WHETHER YOU NEED TO TAKE ACTION

**WHY WE ARE CONTACTING YOU**

To provide you with a forbearance application for your Citizens Bank loan(s) serviced by AES.

**WHAT ACTIONS YOU NEED TO TAKE**

If you wish to apply for this forbearance, complete the application in its entirety and include the required documentation as detailed on the application.

**ADDITIONAL INFORMATION YOU MAY FIND HELPFUL**

- Returned forbearance applications are typically processed within 20 days of receipt. You will receive a letter indicating whether your request has been approved or denied.
- It is important to continue to make payments until your forbearance request has been approved. If your loan(s) is or becomes delinquent, collection activities will continue until the forbearance has been approved.
- If you are currently using our Electronic Transfer Service, Direct Debit, payments will continue to extract until your forbearance request is approved. Please note that if at any time you wish to suspend a monthly extraction, you need to contact us at least 3 business days prior to your due date.
- Any forbearance retroactively applied will not result in any retraction of negative reports on your credit file.



*Short on time? View your payment history, pay online, check your balance, and more, at [aesSuccess.org/accountaccess](http://aesSuccess.org/accountaccess). Account Access is the quickest and easiest way to manage your student loan account -- so you'll have more time to focus on the other priorities in your life.*

**CITIZENS BANK ALTERNATIVE LOAN  
FORBEARANCE REQUEST**

Forbearance is provided as an alternative to regular monthly payments. FORBEARANCE IS GRANTED AT THE DISCRETION OF THE OWNER.

Please complete all fields below. Your request may be denied if the form is not completed correctly.

**SECTION 1: BORROWER INFORMATION**

Borrower Account Number: \_\_\_\_\_  
Borrower Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer Address: \_\_\_\_\_

**SECTION 2: FORBEARANCE**

If your financial difficulties prevent you from making timely payments on your loan(s), you may be eligible for Forbearance.

\_\_\_\_\_ Yes, I hereby request Forbearance for all of my private loans. If the Forbearance is being requested only for specific loans, please list the first disbursement date of each: \_\_\_\_\_

Select the type of Forbearance being requested:

- Grace Extension (This may be requested after your initial grace period **OR** if you have made no more than 2 payments **OR** are less than 90 days into repayment.)
- Temporary Hardship (This may be requested for no more than 2 month increments with a cumulative total of 12 months. It is important to note that 12 payments will be required between Forbearance periods.)

Select the reason for Grace Extension/Temporary Hardship:

- Have not yet found sufficient employment to service the loan
- Temporary loss of income due to unemployment or reduction in hours
- Temporary loss of income due to medical/health reasons
- Unexpected major car or household repairs (those that are not considered part of the routine maintenance)
- Death or unexpected illness in the family
- Natural Disaster (The type and date of disaster must be provided, in addition to whether your home, place of employment, or both were affected.)

Type of Disaster: \_\_\_\_\_ Date of Disaster: \_\_\_\_\_  
Place effected (please circle one):    HOME    PLACE OF EMPLOYMENT    BOTH

Other \_\_\_\_\_

**I reaffirm my intent to repay my loan(s) and believe I will be able to resume making regular payments at the end of the Forbearance.**

Please indicate how you intend to resolve the condition that necessitated your Forbearance request. For example, please provide the name, address, and telephone number of your current/future employer OR what arrangements you have made to secure payment following the Forbearance period.

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3:**

I hereby request Forbearance on my eligible privately-insured loan(s). I certify that I am unable to make payments according to the present terms of my loan(s). I understand that any unpaid interest will be added to the outstanding balance at the end of the Forbearance period. My monthly payments may be recalculated at the end of the Forbearance based on the new principal balance (including capitalized interest, if any).

I understand that should my situation under which I applied for Forbearance change, I must notify AES Graduate and Professional Services. The above information is true and correct to the best of my knowledge. I understand that misrepresentation may lead to the denial of my request. I have read and understand and agree to the terms of this Forbearance request.

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ALL ITEMS MUST BE COMPLETED OR INDICATE "N/A". ANY INCOMPELTE ITEM MAY RESULT IN DENIAL.\*\***

**PLEASE RETURN COMPLETED FORM TO: American Education Services \* P.O. Box 2461 \* Harrisburg, PA 17105-2461**