UNIVERSITY	
OF	
CALIFORNIA	

CALIFORNIA DREAM LOAN FORBEARANCE REQUEST FORM

Return completed form in person or via email to the institution where you borrowed the CA DREAM Loan. Forbearance is a temporary period during which the Lender may reduce your monthly payment on the principal of your loan for up to 12 months. Interest will continue to accrue and will be due each billing cycle.

SECTION A: BORROWER INFORMATION							
Last Name				First Name			
Student ID#			SSN or (DREAM no SSN availabl				
Hom	ne Addres	s					
Cell Phone			E-mail				
SECTION B: REASON FOR FORBEARANCE REQUEST, CHECK APPLICABLE BOXES							
I am requesting a mandatory forbearance for one of the following reasons:							
		 I am serving in a medical or dental internship or residency program, for which I was required to have a bachelor's degree, and which includes supervised training, and either leads to a degree or certificate or is required before beginning professional service, and I am attaching documentation from a program official of my dates of service. I qualify for partial repayment of my loans under the U.S. Department of Defense Student Loan Repayment Program and I am attaching documentation from an authorized official as to my dates of service. I am a member of the National Guard and have been activated by a governor for more than 30 consecutive days, but I am not eligible for a military deferment and I am attaching documentation from an authorized official as to my dates of service. The total amount I owe each month for all my student loans I received is 20 percent or more of my total monthly gross income, and I am attaching documentation of this, including my latest tax return. 					
		I am serving in a <u>national service position for which I received a national service award</u> and I am attaching documentation of this.					
		equesting a discretionary forbearance. I am experiencing financial hardship but do not qualify for a deferment, and I am attaching documentation explaining my financial circumstances for consideration; or					
	á	am experiencing an illness but do not qualify for a deferment, and I am attaching documentation from a doctor Idressing when the condition began, when it is expected to end, and its impact on my ability to make loan ayments.					

SECTION C: UNDERSTANDING AND SIGNATURE

I certify, to the best of my knowledge, that all information in this form is accurate. I understand that my forbearance will begin and end as certified by the Lender. I authorize the Lender and its agents to contact me for additional information regarding this request using any contact information it has on file. I will monitor my account to ensure I stay informed of the status of my loan. I will notify the Lender when my forbearance eligibility no longer applies.

Borrower's Signature

Date