



CHESLA™

Connecticut Higher Education
Supplemental Loan Authority

www.chesla.org

1 Financial Plaza, 20th Floor, Suite #2000, Hartford, CT, 06103

Request for 2-Month Hardship Forbearance

Name:

Borrower ID:

Loan ID #s:

Briefly describe the nature of your hardship. Please provide any supporting documentation with your request.

Briefly describe your actions to change this hardship situation (seeking employment, working additional hours, etc.)

I request this forbearance for my financial hardship. I understand that any accrued and unpaid interest during the forbearance period will be amortized and payable over the remainder of my loan repayment period. I understand that my loan repayment period will not be extended due to a forbearance. I understand that after the forbearance period my loan payments will be recalculated and may increase as applicable to reflect the accrued interest and any unpaid principal payments during the forbearance period.

I understand that the use of any payment relief may postpone cosigner release options.

I certify that my loans are not 120 days past due and that the information provided above is true and correct.

Borrower Signature

Date

**Please submit this form by email to uasconnect@tsico.com
or mail to: UAS 4099 McEwen Road, Suite 700 B
Farmers Branch, TX 75244**

For CHESLA Use Only:

Approved _____ Denied _____

Name: _____

Signature: _____

Title: _____

Date: _____