





# In-School Deferment Form

CASHLoan

**Instructions:** Before MOHELA will grant your request, you must return the completed form to MOHELA at the address below. Please read carefully. You will receive written notice of the approval or denial of this deferment request in approximately 7 business days after MOHELA receives your schools certification.

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Borrower or Cosigner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work # ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate # ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

**I meet the eligibility criteria for the deferment checked below and request that MOHELA defer repayment of my loans.**

- Check one:**  **FULL-TIME STUDENT** – The school I am attending is an approved Department of Education institution and my attendance as a Full-Time Student must be certified by the school.
- At Least HALF-TIME STUDENT** – The school I am attending is an approved Department of Education institution and my attendance as At Least Half-Time must be certified by the school. MEDCASH and MEDCASH+ borrowers are not eligible.

### Borrower Information and Certifications

**I understand that:** (1) My deferment (a period which I am entitled to postpone repayment of the principal balance of my loan) will begin on the date the deferment condition began as certified by the school. (2) MOHELA will not grant this deferment request unless all applicable sections of this form are completed and/or any additional required documentation is provided. (3) Monthly payments will be deferred; however I am responsible for all interest that accrues during the deferment period. (4) If I do not pay the interest that accrues during this deferment, MOHELA will capitalize (add the unpaid interest to the principal balance of my loan) such interest to the extent permitted by law. This will increase the principal balance of my loan(s), may result in an increase of my monthly payment amount and may change my monthly payment due date. (5) If my account is delinquent prior to the start date of deferment, MOHELA may grant an administrative forbearance for a maximum of one month to bring my account current prior to the start date of my deferment. If I am more than one month delinquent, I authorize MOHELA to place a forbearance (the temporary cessation of payments which will not extend the terms of repayment) of principal and interest on my account, subject to my eligibility, prior to placing the deferment on my account. MOHELA will not clear past negative credit reporting prior to my in-school date.

### IMPORTANT PAYMENT OPTIONS

I may choose to make interest payments at any time while on deferment. I will receive quarterly interest statements that will provide me with the outstanding accrued interest and may use the accompanying coupon to make payment. I will not be charged a late fee during the deferment period; however any late fees assessed prior to processing the deferment will be my responsibility to pay during the deferment period or at the time I reenter repayment. I understand and agree to have any and all outstanding unpaid interest capitalized upon deferment end.

**I certify that:** (1) The information provided above is true and correct. (2) I will provide additional documentation, as required, to MOHELA to support my continued deferment status. (3) I will notify MOHELA immediately when the condition(s) that qualified me for the deferment ends. (4) I have read, understand, and meet the terms and conditions of the deferment for which I have applied.

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

### Authorized Official's (such as the Registrar or Financial Aid Officer) Certification - Please print or type when completing this section.

I certify, to the best of my knowledge and belief, that the borrower named above is/was engaged in the program indicated above, and that the borrower and the borrower's program meet all the eligibility requirements specified above.

The school may attach its own enrollment certification report listing the required information in lieu of completing this section. The borrower:

(1) Is/was enrolled/engaged in (check one):

- Full-Time In-School       At least Half-Time In-School

During the period from (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ to (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

(2) Is reasonably expected to complete his/her program requirements on (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Institution \_\_\_\_\_ School Code (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Authorized Official's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail form to: MOHELA CASHLoans  
633 Spirit Drive  
Chesterfield, MO 63005  
Or Fax to: 1-888-387-3530

Phone: 1-888-866-4352