



COVID-19 National Disaster Forbearance Request

Account Number or Social Security Number: _____

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address (optional): _____ Phone Number: _____

I request that assistance be applied to my account beginning the date this form is processed and ending 90 days in the future, unless I specify an end date less than 90 days into the future.

End assistance on the following date that is less than 90 days into the future (optional): _____
MM/DD/YYYY

I hereby certify that I am experiencing financial hardship as a result of COVID-19, and I authorize Aspire Servicing Center to place assistance on my federal and/or private student loans for up to 90 days. Aspire Servicing Center may use forbearance to cover any period of delinquency that exists when I submit my form, and I understand unpaid interest after this period may capitalize and be added to my loan balance.

By submitting this completed form, I indicate my understanding that:

- **Not all loans may be eligible for COVID-19 National Disaster Forbearance.**
- **Interest will continue to accrue during the COVID-19 assistance period.**
- I may make payments toward interest at any time during the assistance period. **My future payments will first be applied to paying off any outstanding accrued interest before reducing my principal balance.**
- This assistance does not remove any past negative credit reporting that may have occurred prior to the assistance being applied.
- If COVID-19 is not the cause of my financial hardship, Aspire Servicing Center has other assistance available that may apply to my circumstances.
- If this type of assistance is still available and I continue to experience the effects of COVID-19 when this requested period of assistance ends, I may request additional national disaster assistance.
- Aspire Servicing Center may, in its sole discretion, discontinue accepting new requests under this program at any time without notice.

Borrower's Signature*: _____ Date: _____

* **Please note:** Typed or electronic signatures are not accepted.

Submit this completed and signed form electronically at www.AspireServicingCenter.com/submit

Or return to:

Aspire Servicing Center
P.O. Box 659705
West Des Moines, IA 50265-0970
Phone: (800) 243-7552
Fax: (515) 471-3983

For more information, visit our website at: www.AspireServicingCenter.com