



4 Barrell Court
PO Box 3420
Concord, NH 03302-3420

HEROES Act Waiver Form

Please provide your current contact information:

Name: _____ Phone number: _____

Address: _____ Alternate phone number: _____

City, State ZIP: _____ Email address: _____

Granite State Management & Resources Account Number or Social Security Number: _____

Waiver type requested (check one and provide dates):

I am serving on active duty during a war, other military operation, or national emergency. (Please include a copy of your military orders.)

I am performing qualifying National Guard duty during a war, other military operation, or national emergency. (Please include a copy of your military orders.)

I am residing or employed in an area that is declared a disaster area by any federal, state, or local official in connection with a national emergency.

The waiver type selected above began/will begin on _____, and I expect the condition to end on _____
Waiver Type Begin Date

Waiver Type End Date

By signing below, I am certifying that:

- I am unable to provide the required income-driven repayment plan application and income documentation within the appropriate time frame as outlined in the regulations, and ask my servicer to extend my current reduced payment amount on my income-driven repayment plan for another year.
- I will continue to make the scheduled monthly payments as indicated on my monthly statements.
- If the dates of the condition marked above have expired and I am making this request prior to the renewal period of my income-driven repayment plan, then my request may not be processed. Accordingly I certify:
 - I will be responsible for submitting all appropriate documentation to renew my income-driven repayment plan if the renewal deadline for the condition marked above has expired.
 - Until I request a waiver for a condition that has not expired (i.e. by completing this form and returning it for processing) or documentation is submitted to renew my income-driven repayment plan, which may include a new income-driven repayment plan application and proof of income, I will be responsible for paying the payment amount as indicated on my monthly statements.
- If my student loan account is past due at the time this request is submitted, and I have forbearance time available to use, I authorize Granite State Management & Resources to apply a forbearance to cover any past-due amounts for the reason (i.e. financial difficulties, change in employment, medical circumstances, or other) of:

Reason for Forbearance (if needed)

- I acknowledge that interest will accrue during the forbearance period, and interest will be added to my principal balance (this process is called capitalization) if not paid prior to the end of the forbearance period.
- I will resume repayment upon expiration of the forbearance, and I agree to repay the loan(s) according to the terms of my Promissory Note(s) and Repayment Agreement(s).

Borrower signature: _____ Date: _____

Comaker signature : _____ Date: _____
(if applicable)