

Income-sensitive repayment schedules are approved in 12 month increments. To apply for an income-sensitive repayment schedule for the next 12 months, complete **all areas** of this application and submit the form with the required documentation of your most recent monthly gross income from all sources (e.g., copies of pay check stubs). Your monthly payment will be the greater of the monthly interest accrual on the loan(s) in question, or 4% of your total monthly gross income unless you request a higher amount. Please be aware that selecting an income-sensitive repayment schedule may increase the total amount of interest you pay on your loan(s).

Please return this form to us immediately. If you are past due on your payments, collection activities will continue until this form is received and approved. You will be notified of the approval or denial of your request.

BORROWER INFORMATION

Name			Account #	
Street Address			Daytime Telephone # ()	Evening Telephone # ()
City	State	ZIP	E-mail Address	

INCOME-SENSITIVE REPAYMENT REQUEST

1. Please list your gross monthly income received from all sources: \$ _____ Do not include spousal income.	DOCUMENTATION MUST BE ATTACHED
2. Please list your requested monthly payment: \$ _____	

REFERENCE INFORMATION

Name (Relative, not living with you)	Relationship	
Street Address, City, State & ZIP		Daytime Telephone # ()
Name (Relative, not living with you)	Relationship	
Street Address, City, State & ZIP		Daytime Telephone # ()

EMPLOYMENT INFORMATION

Employer's Name	Telephone # ()
Street Address, City, State & ZIP	

AGREEMENT

<p>If my loan(s) is past due for any payment and I do not send in the past due amount, I request that my account be brought current with a forbearance prior to being granted an income-sensitive repayment schedule. I understand that any outstanding accrued interest will be added to the principal balance of my loan(s). I understand that if I am not eligible for an income-sensitive repayment schedule, I may apply for a deferment or forbearance of my payments.</p>	
Signature: _____	Date _____

MAIL OR FAX THIS FORM AND DOCUMENTATION TO:

**Utah Higher Education Assistance Authority
Attention: Account Services
P.O. Box 145110, Salt Lake City, UT 84114-5110**

Fax (801) 366-8431