



**UTAH HIGHER EDUCATION ASSISTANCE AUTHORITY
INCOME-SENSITIVE REPAYMENT REQUEST FORM**

Income-sensitive repayment schedules are approved in 12 month increments. To apply for an Income-Sensitive Repayment plan 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

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.

I authorize the entity to which I submit this request (i.e., the school, the lender, the guaranty agency, the U.S. Department of Education, and their respective agents and contractors) to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Signature: _____ Date _____

MAIL OR FAX THIS FORM AND DOCUMENTATION TO:

UHEAA, PO BOX 145110, SALT LAKE CITY UT 84114-5110
Fax (801) 366-8431