

## Service Agreement Financial Offices of SL Finance

Program
Eligible Loans
Estimated Savings
Student's Name
Student's Phone Number
Counselor's Name
Company Number

Revised Pay As You Earn (REPAYE)
6
9,794.00
TANGELA WALKER
812-777-6826
Christian Castillo
(800) 995-1988

### Introduction

**SL Finance**,("SLF") is committed to helping borrowers with student loans find the best approach to consolidate their loans and achieve **ONE** affordable, centralized, payment plan for up to 20 years. The amount and duration to repay the consolidated student loans will vary depending on several factors associated with the borrower's financial situation. **SLF** can help borrowers get current if their student loans are delinquent or in default. In addition, **SLF** qualified Representatives will review and determine if borrowers are eligible for the available loan cancellation and forgiveness programs.

## **Getting Started**

First, as outlined in this packet, we will need to gather all of the facts about your situation to determine if you are a good candidate for the consolidation process. We will review the information you provided and let you know what program best suits your financial situation. We will also need to carefully review and sign the documents included with this package that will allow us to begin helping you.

SL Finance (SLF) is your advocate, please be completely honest and as complete as possible so that we can best determine whether the agreement can be made that adequately reflects your eligibility for the available programs. In addition, please note, we are working for you to improve your situation; however, there are times during this process when your assistance is critical and without your cooperation, we will not be successful in assisting you with your current situation.

Congratulations on taking the first step to resolving and getting onto a more efficient Federal Repayment Plan that will give you the most affordable payments possible. Please note that all of these programs are Federal Based Income-Driven Repayment Plans and you must apply to them annually.

## **Scope of Engagement**

This agreement is made and entered into by and between the undersigned individual(s) or entity (hereinafter referred to as the "Client") and SL Finance (SLF), a California Corporation, (hereinafter referred to as the "Company").

Client Name	TANGELA WALKER
Student Loan Amount	10,793.00

**Beginning/Ending of Services:** Service shall begin at the time of receipt of signed Service Agreement and initial payment rendered by Client to **SL Finance** and will continue until this Service Agreement is terminated.

- 1. **Estimations:** Client's "estimated" Federal Student Loan Repayment amounts given by SLF and its authorized Service Advisors are estimations based in part on the accuracy of information provided by the Client, as well as information received from the National Student Loan Database (NSLDS) and the U.S. Department of Education (herein to collectively be referred to as "Stated Parties"). Final repayment amounts delivered by our Processing Department may vary depending upon the final verification of information provided by all stated parties. False or inaccurate statements, regarding the aforementioned information, proved to SLF by stated parties, does not constitute a valid refund request if after completion of contracted services if the Client is not satisfied with the new repayment.
- 2. **Continuation of Service**: Client may elect to continue service beyond the 12-month period of service request the Client must sign and agree to a new Service Agreement separate from the original Service Agreement or any other Service Agreement(s) prior to this Service Agreement. All terms of service of this service agreement or any other service agreement entered into between the Client and SLF shall be considered new, proprietary, and separate from any prior Service Agreement. All Terms of Service for prior Service Agreements, including scope of work and period of service, shall remain in effect as agreed upon by the Client and SLF, at the time of the Service Agreement, and no alterations to these terms of service is allowed.
- 3. Fees: All Client's agreed upon fees for service(s) rendered by SLF shall be paid in full by Client in accordance with the fee schedule set forth in this Service Agreement (Attachment A). All fee payment arrangements between the Client and SLF,up to and including any installment payment(s), shall be listed on this Service Agreement, including fee payment schedule
- 4a. **Document Preparation Services and Fees:** Client agrees to pay SLF a Document Preparation Fee totaling \$999.00 that is not paid upfront and is paid after each phase is complete, Phase 1 \$199.80 Phase 2 \$199.80 Phase 3 \$199.80 Phase 4 \$199.80
- **Phase 1.** Includes, But Is Not Limited To, Counseling, Reviewing And Determining Qualifying Federal Programs Available Through The Department Of Education, Providing The Options To Client In Order For Client To Make A Determination Of Which Program Best Suits Client's Current Situation, And Submission Of Forbearance Per Client's Request If Loans Are Eligible.
- Phase 2. Includes, But Is Not Limited To, Postponement Of Payment, Alleviation Of Payment On A Temporary Basis For The Purpose Of Consolidation and Program Placement By Means Of Forbearance And / Or Deferment As To Modify The Terms Of The Existing Status Of Said Loans And Provide Temporary Hardship Relief.
- **Phase 3.** Includes, But Is Not Limited To, Allocating The Proper Documents For Qualifying Programs, Reviewing And Analyzing Client Documents, Preparation Of Aforementioned Documents, Completion Of Application(s) For Subsequent Program(s) And Submission Of Said Documents To The Department Of Education Or Servicer To Review For Consolidation Or Repayment Plan Request.
- SLF Fees will only be earned after client is approved for a program through DOE, Servicer or Collection Agency. If client is not approved for a program, SLF will reimburse 100% of any client' Fees collected.
- 4.b. **Student Loan Assurance Services And Fee**. As an added benefit, your Document Preparation Program includes Student Loan Assurance Services for which you are automatically enrolled after all initial Document Preparation Fees are paid and there are no returned recurring payments for 4 consecutive months.

The Student Loan Assurance Program is in effect to ensure that once the initial Document Preparation Services is completed, the Client continues in the right Program, does not fall out of the Federal Programs when Client Program Repayment expires annually and Client is required to resubmit Documentation to Recertify Page 2 of 16

ID: 3752882 Signed: 2021-04-22T10:47:12-05:00

for the Programs, which could happen in the event the Client without Professional Document Preparation Assistance submits invalid Documentation, fills out the Application incorrectly or fails to send in the Proper Documentation to the DOE programs in a timely manner. The Student Loan Assurance Program will Allocate, Prepare, Complete, Recertify and Submit the Documents required to continue to keep Client in the lowest possible Repayment and Forgiveness Programs if Client is found Eligible. Eligibility is up to the DOE and their set guidelines.

### **Student Loan Assurance Services:**

- Annual Allocation, Preparation, Completion, And Submission Of The Proper Documentation For Renewal / Recertification
- And/or Reapplication For Qualifying Income-Driven And Public Service Loan Forgiveness Programs That Are Available Through The Department Of Education.
- Concierge Level Customer Service With Dedicated (800) 995-1988 Line To Answer Any Questions or Concerns. Free Consultation at any point when Client's Life Situation Changes.
- Support Services and Notifications of Any New Program Client Might Be Eligible for or Guideline Changes Throughout the Life of the Loan.
- Annual Analysis Of The Client's Financial Situation To Ensure The Client is in the Right Loan Program And To Ensure Maximum Monthly Savings And/Or Forgiveness Of Loans, If Eligible.
- · Watchdog File Protection and Monitoring
- 1. Fees/Billing Changes: A scheduled service fee payment date may be changed upon agreement between the Client and an SLF Service Specialist. The new date may not exceed 14 (fourteen) calendar days from its original scheduled date. It is the Client's sole responsibility to ensure all payment amount(s) is available to be collected on the scheduled payment dates. If a scheduled payment declines or is unable to be collected, a \$35.00 (thirty-five dollars U.S.) NFS may be applied to the delinquent payment. If a delinquent service fee payment is not paid or rescheduled within 7 (seven) calendar days of attempted collection date, OR 2 (two) consecutive service fee payments are delinquent and unable to be collected, SLF reserves the right to cancel all services rendered and without refund of any monies previously collected towards services fees to date. The Client may only change a fee payment or billing date by calling and requesting so directly from an SLF Service Specialist at (800) 995-1988, Monday through Friday, 8am 5pm Pacific Standard Time. The outcome of this agreement must be confirmed via fax or e-mail.
- 2. SL Finance, Cancellation of Services: In the event that SLF issues a cancellation of services due to delinquent service fee payment(s), all previously rendered and future Student Loan Services will be immediately cancelled. If the Client chooses to restart the same program with SLF, the Client must: (1) Make Full Payment of all monies owed to date, in accordance with the original Service Agreement, and (2) pay up to \$150.00 (One hundred and fifty dollars U.S.) resubmission fee(s).
- 3. Refunds: Client may only receive a refund at the sole discretion of SLF and only by submitting a written request and faxing it to (714) 844-4362 Refunds are only given within the first 3 calendar days of the executed Service Agreement Date. All invoices are due upon presentation. Failure to pay either, the retainer request or invoices shall cause our firm to immediately stop providing services without further notice. All written requests must be postmarked no less than 3 calendar days from the executed agreement date. Refunds made to the Client will be issued within 7-10 business days of the Client request.
- **4. Degree of Service Agreement: SL Finance** will use all available resources to fulfill contractual services as choses and specified by the Client in a reasonable and timely manner as specified under the terms of the Service Agreement. **SL Finance** is not a law firm or attorney's office and does not provide legal advice. If the Client requires legal advice, legal expertise or needs assistance with court filings, they are encouraged to seek the advice of an attorney. **SLF** is not a bank, financial, or lending institution, nor does it supply services associated with said institutions, up to including loans, grants, or financial assistance. **SLF** is a third party company that works directly with the Department of Education (DOE) and other Servicers.
- 5. Client Responsibilities: The Client will be responsible for providing complete and accurate information, as well as timely responses to communication, as defined in this agreement within 10 (ten) business days from the initial Service Agreement beginning date. This date is determined by the date of the initial payment of any fees to SL Finance by the Client. The Client agrees to be cooperative and honest. The Client agrees to provide documentation and/or send documentation to SL Finance in order to process the services requested by the Client as outlined in the Service Agreement. Any false or misleading information (both verbal and written) provided by the Client to SL Finance, voids any and all warranties and guarantees of service by SL Finance to the Client.
- **6. Privacy: SL Finance** does not sell, trade, or otherwise furnish confidential information to third partiesunless they have an interest in the Client's Student Loans and where necessary in the processing of the services contracted from SL Finance by the Client. All information gathered by **SL Finance** shall be kept strictly confidential and used solely for the purpose of processing the Client's selected services in the Service Agreement. Should the Client elect for **SL Finance** to disclose account information to any and all third parties outside of the scope of work related to the Service Agreement, the Client must do so in a written request to SL Finance.
- 7. **Mediation/Arbitration:** In the event that the Client believes **SL Finance** has breached the Service Agreement, the Client agrees to notify **SL Finance** in writing and allow a minimum of 90 days to resolve the alleged breach.
- 8. Loan Consulting Acknowledgements: If services rendered by SL Finance include; standard non default student loan consolidation, defaulted student loan consolidation, defaulted student loan repayment negotiation, and/or administrative wage garnishment prevention or termination, then <a href="https://example.com/scales/teaching-nc/4">TANGELA WALKER</a> acknowledges that:
- A. To the best of my knowledge, I have been completely honest and forthcoming with the details concerning my current student loan situation, including history, current status, and any verbal or written impending actions I have been notified of by the current loan holders or their representatives.
- B. I have voluntarily retained **SL Finance** to work on my behalf to find a satisfactory resolution to my current student loan.
- C. Resolution and/or work provided by **SL Finance** will not begin until I both sign and complete this agreement, and submit all requested documentation and initial payment rendered by **SL Finance**. SL **Finance** is not held liable or responsible for any delays in the start of the work outlined in this Service Agreement by my failure to complete the aforementioned actions.

Page 3 of 16

ID: 3752882 Signed: 2021-04-22T10:47:12-05:00

- D. Processing time stated to me by my **SL Finance** Specialist is an estimation based on information provided by myself during the initial consultation, as well as industry averages. I also agree that discovery of additional factors previously unknown to myself or **SL Finance** may increase my processing time of any and all requested services herein. I agree that I will not hold **SL Finance** accountable for any delays in the service processing time caused by certain agencies, including the U.S. Department of Education, its Guarantors agencies, and collection agencies.
- E. I will consult with **SL Finance** before entering into any agreements with, sending payments to, or engaging in any other actions concerning my student loans with my loan holders or representatives acting on their behalf. I understand that my failure to do so may delay, interfere, or void the work for which **SL Finance** was retained.
- F. The monthly repayment quote given by my **SL Finance** specialist is based solely on the truthfulness and accuracy of the information I provided at the time of the initial consultation. I also understand the recommended Income Based Repayment (IBR) plan or Income Contingent Repayment (ICR) plan is based on the total Federal Student Loan Amounts, the borrowers Adjusted Gross Income (AGI), and family size. I understand that the repayment amount is set forth by the U.S. Department of Education, and is subject to verification of the borrower's income by the Internal Revenue Service (IRS).
- G. I understand that if my current student loans are in a default status, they may also have progressed into an Administrative Wage Garnishment (AWG) action, whether to my knowledge or not. I understand that if **SL Finance** has begun processing a consolidation based on the assumption that my student loans are only in a default status and not an AWG, that **SL Finance** may not be held accountable or at fault. In the event that I am unaware that my student loans are in an AWG status, I understand that **SL Finance** will not be held liable for this action or any delays or inability to complete requested services this may cause.
- H. It is my responsibility to ensure full payment will be available for any SL Finance service fee payments on their scheduled payment dates.
- I. the event that the Client believes **SL Finance** has breached the Service Agreement, the Client agrees to notify **SL Finance** in writing and to allow a minimum of 90 days to resolve the alleged breach.

I reserve the right to cancel services at any point during the service period. However, I recognize and agree that unless my cancellation is due to SLF not being able to provide or complete the services requested by me and outlined in this Service Agreement, my voluntary cancellation is considered a breach of my Service Agreement and that SLF. will not be held liable to refund any monies collected to the date of my cancellation request for services rendered. Upon the date of my cancellation and termination of my Service Agreement, SLF will no longer render any services or attempt to collection on any scheduled service fee payments.

## **Scope of Representation**

SL Finance (Hereinafter referred to as SLF) representation of Client(s) is limited to the following services:

## Service(s):

- 1. Loan(s) will be placed on hold for 3 months on an administrative forbearance while processing your student loan consolidation (no student payments are due during this time)
- 2. All loans will be consolidated into one account, resulting in less interest accrued.
- 3. Lower interests and one payment will be applied under the Income-Based Repayment (IBR) program.

## Service Agreement Client Signature

I hereby confirm and authorize this Service Agreement with Student Financial Services and all guidelines and restrictions set forth herein:

Client Name		Date
TANGELA WALKER	Jan a M	4/22/2021

Page 5 of 16

ID: 3752882 Signed: 2021-04-22T10:47:12-05:00

## **Payment Authorization Form**

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started.

I hereby authorize **SL Finance (SLF)** to initiate scheduled payments to be automatically deducted from your bank account via ACH or RCC (remotely Created Checks) for the authorized services, fees and terms outlined in my Service Agreement with **SL Finance**. This authorization is to remain in effect unless I elect to cancel this authorization by completing and submitting a REVOCATION OF RECURRING PAYMENT AUTHORIZATION form to SL Finance **(SLF)** via fax at (714) 844-4362 or by email at <a href="mailto:Processing@SLFinance.org">Processing@SLFinance.org</a>.

I understand to stop or change a payment that this notice must be sent 5 DAYS prior to any cancellation. Also, by stopping my payments this will in effect cancel my services performed by SLF.

**Enrollment Fee** 

I, TANGELA WALKER, authorize SLF to charge my card or bank account.

Data

#

See below for services relating to the student loan assistance applications, their preparation, delivery to Client and ongoing support.

#		Date	Ellionillent ree	TOTAL PAYINGIL
1	Apr 30, 2021	\$199.80		\$199.80
2	May 26, 2021	\$199.80		\$199.80
3	Jun 26, 2021	\$199.80		\$199.80
4	Jul 26, 2021	\$199.80		\$199.80
5	Aug 26, 2021	\$199.80		\$199.80
Billin	g Address:			
Phon	ie:	812-777-6826	Name on Card:	
City,	State, Zip:	, -		
Cred	it Card Number:	****	Expiration Date: /	CVV:
Acco	ount Type:	Checking	Name on Account:	TANGELA WALKER
Bank	Name:	GREEN DOT BANK	Account Number:	798855365704
Bank	Routing #:	124303120		
				4/00/0004
Signa	ature:	Jan a p 1M	Date:	4/22/2021

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify SLF in writing of any changes in my account information or termination of this authorization at least 15 days prior to next billing date. If the above noted payment date falls on a weekday or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that SLF may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

Total Payment

## **Limited Power of Attorney**

- A. Special Definitions
- SL Finance (SLF) herein shall be known as "Company" or "SLF"
- B. Limited Power of Attorney Agreement

**BE IT KNOWN**, that <u>TANGELA WALKER</u> has made and appointed, and by these presents does make and appoint SL Finance, an authorized Representative as my true and lawful Attorney-in-Fact, and grant the authority to act in my name, place, and stead, on my behalf, to perform all acts that I could lawfully do if I were present for the following specific and limited purposes only:

- 1. To negotiate and enter into agreements, both written and verbal, on and with all my financial accounts to achieve a reasonable resolution with any organizations possessing and interest in my financial issues with regard to my **U.S. Federal Student Loans**;
- 2. To review, prepare, complete, amend, sign and advance any and all paperwork or contracts to those organizations possessing an interest in my **U.S. Federal Student Loan(s)** via United States Postal Service, personal and commercial delivery and/or electronic submission with electronic signature;
- 3. Any other incidental acts that are reasonably required to undertake the authorities granted herein and,
- 4. For no other purposes other than those granted herein.

Giving and granted said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power or substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

A. The Limited Power of Attorney shall continue in effect until Student Financial Services or I nullify this instrument in writing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this TANGELA WALKER

B. Applicant Information Client Name

Client Name:	9	Date:
TANGELA WALKER	Jan of 184	4/22/2021

## **AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION AND**

## **DOCUMENTS AND PRIVACY ACT RELEASE**

For the purposes of facilitating resolution of my student loans, I hereby authorize SL Finance to correspond with any and all entities that hold, control, or have knowledge of any information or documents that relate to my student loans.

FURTHER, I authorize the release of any information related to my student loans that would require authorization for release under the Privacy Act (PL 93-579) or such other privacy acts promulgated by the United States Government.

NOW, THEREFORE, You are hereby authorized and requested to release and give to SL Finance, the bearer of this AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION AND DOCUMENTS AND PRIVACY ACT RELEASE, any information and documents in your possession or under your control relating to my student loans.

You are further authorized and requested to allow the bearer of this document to review any records relating to my student loans and to furnish copies of such records.

A photocopy of this document will have the same effect as the original.

I reserve the right to revoke this authorization at any time by written notice to the SL Finance.

I have read the above release and have signed my authorization below at the date and place indicated.

Client Name:	Signature:	Date:
TANGELA WALKER	Jan a & lim	4/22/2021

### **FSA and Online Lender Account Access**

As part of the Federal Student Loan document preparation services and application processes, it will be necessary for SLF to access your student loan information within the National Student Loan Data System located online at https://studentloans.gov & http://www.nslds.ed.gov. Additionally, we will require access to your current lender(s) Online Portal login and password in order to facilitate and expedite processing procedures.

The National Student Loan Data System contains a complete list of your federal education loans, along with current estimated balances and servicer details — information that is required to complete your application. Your online lender account access allows us to view and manage current loans as well as facilitate the transfer of your loans to your new respective lender.

By enrolling in the SLF Document Preparation service, you are agreeing to allow SLF and its authorized agents to access your profile(s) and all the data contained within those profile(s). In order to allow this access, you will need to provide SLF with your Personal Identification Number (PIN) and FSA and Lender Online Access Information (Username and Password).

Please note that all information that SLF obtains from the National Student Loan Data System and your Lender Online Access account will be used expressly for the purposes of confirming your eligibility for the SLF Document Preparation Services and assisting you in the Consolidation, Repayment Plan Request, Rehabilitation or Disability Discharge of your Federal Student Loans.

Further I agree to allow SLF to prepare the necessary documents and or electronic submissions by accessing The National Student Loan Database and Lender Online Access Portal and submitting such documents on behalf of the client by mail or electronically.

## Acknowledgment

I, (CLIENT NAME) TANGELA WALKER, hereby acknowledge that I have read, understood, and agree to the above statements regarding access to my National Student Loan Data System and Online Lender Account profile(s). I understand that I will be asked to provide SLF with my Personal Identification Number (PIN) and FSA Information and that SL Finance and its authorized agents will use this PIN and FSA Information in order to access information regarding my federal education loans that is contained within the National Student Loan Data System. I understand that this information will be used solely for the purposes of verifying my eligibility for the SLF Document Preparation Services and completing my application for a Department of Education Consolidation, Repayment Plan Request, Rehabilitation or Disability Discharge for Federal Student Loans. I further understand the same information will be utilized in preparing the necessary documents and electronic submissions to allow the client to Consolidate, Rehabilitate, Change Repayment Program or Disability Discharge their loans in the most expeditious fashion.

By signing this acknowledgment, I agree to allow SLF to use my National Student Loan Data System, PIN, FSA Information and current lender online access login information to access my personal profile and prepare all necessary documents or electronic submissions as explained above.

Signature:	Jane V IM	Date:	4/22/2021
9	Jan No 184		

## **GENERAL FORBEARANCE REQUEST**

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program

OMB No. 1845-0031 Form Approved Exp. Date 02/28/2022

**WARNING**: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

	Telephon		45 TA 14 EV 81	or correct the following information.  is box if any of your information has changed.  i2-71-1824  ANGELA WALKER  i09 Hobart Ave  vansville  State IN  Zip Code 47710	
Carefull	Telephon Ema N 2: FORBEARANCE REQUEST	SSN Name Address City one - Primary e - Alternate	45 TA 14 Ev 81	22-71-1824 ANGELA WALKER 109 Hobart Ave vansville State IN Zip Code 47710	
Carefull	Telephon Ema N 2: FORBEARANCE REQUEST	Name Address City one - Primary e - Alternate	14 14 Ev 81	ANGELA WALKER  109 Hobart Ave  vansville State IN Zip Code 47710  12-777-6826	
Carefull	Telephon Ema N 2: FORBEARANCE REQUEST	Address City one - Primary e - Alternate	14 Ev 81 81	109 Hobart Ave	
Carefull	Telephon Ema N 2: FORBEARANCE REQUEST	City one - Primary e - Alternate	81 81	Vansville State IN Zip Code 47710	
Carefull	Telephon Ema N 2: FORBEARANCE REQUEST	one - Primary e - Alternate	81 81	2-777-6826	
Carefull	Telephon Ema N 2: FORBEARANCE REQUEST	e - Alternate	81		
Carefull	Ema			0 777 6006	
Carefull	N 2: FORBEARANCE REQUEST	ail (Optional)		2-777-6826	
Carefull			tw	ralker6970@gmail.com	
Carefull					
for some loan types) or changing to a repayment plan that determin income. Visit <a href="StudentAid.gov/IDR">StudentAid.gov/IDR</a> for more information.  1. I am requesting a forbearance because I am				our monthly payment amount based on your  If approved for a forbearance, I would like to:	
experiencing a temporary hardship related to one of the following situations (check one):		of	۷.		
				▼Temporarily stop making payments.  Temporarily make smaller payments of  Temporarily make smaller payments.  Temporarily make	
VΓ	V Financial difficulties				
∏Financial difficulties				per month.	
	hange in employment 1edical expenses		2	3. I would like my forbearance to begin with the	
_	other (explain the situation below)		<b>J.</b>	I would like my forbearance to begin with the monthly payment that is due in the month and yea below:	
			4.	If approved for forbearance, I would like my forbearance to end in the month and year below, and begin making payments the following month:	

Page 1 of 4

Borrower Name	TANGELA WALKER	Borrower SSN	452-71-1824

## SECTION 3: BORROWER/ENDORSER UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

## I understand that:

- I am not required to make payments of loan principal or interest during my forbearance, but interest will continue to be charged on all my loans.
- Interest may capitalize on my loans during or at the expiration of my forbearance, but interest never capitalizes on Perkins Loans. Interest capitalization usually increases the amount of interest I will pay, and may increase my monthly payment.
- My loan holder has sole discretion in whether to grant my general forbearance request and for what dates it will be granted.
- For Perkins Loans, there is a cumulative limit on general forbearance of 3 years. For Direct Loans and FFEL Program loans, my loan holder may set a limit on general forbearance.
- My forbearance will end on the earlier of the end date that I requested, 12 months from the date my forbearance begins, or when I exhaust any limit that my loan holder has on forbearance.
- I can request another forbearance after my forbearance ends if I am still experiencing financial hardship.
- Any payment I make during forbearance will not count towards forgiveness under income-driven repayment plans or Public Service Loan Forgiveness.

## I certify that:

- The information I have provided on this form is true and correct.
- I will provide additional documentation to my loan holder, if requested, to support my general forbearance request.
- I will repay my loans according to the terms of my promissory note, even if my request is not granted.

**l authorize** the entity to which I submit this request and its agents to contact me regarding my request or my loans at any cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's/Endorser's Signature	Jan of IM	Date	4/22/2021

## **SECTION 4: INSTRUCTIONS FOR COMPLETING THE FORBEARANCE REQUEST**

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy) or (mm-yyyy) as appropriate. Example: March 14, 2019 = 03-14-2019. Include your name and account number on any documentation that you may be requested to submit with this form. If you want to apply for a forbearance on loans that are held by different loan holders, you must submit a separate forbearance request to each loan holder. **Return the completed form and any requested documentation to the address shown in Section 6.** 

If you are an endorser, you may request forbearance only when you are required to repay the loan because the borrower is not making payments. If you have a loan made jointly with another borrower (as co-makers), you must both individually meet the requirements for a forbearance and each of you must request forbearance.

## **SECTION 5: DEFINITIONS**

**Capitalization** is the addition of unpaid interest to the principal balance of your loan. Capitalization causes more interest to accrue over the life of your loan and may cause your monthly payment amount to increase. Interest never capitalizes on Perkins Loans. Table 1 (below) provides an example of the monthly payments and the total amount repaid for a \$30,000 unsubsidized loan. The example loan has a 6% interest rate and the example deferment or forbearance lasts for 12 months and begins when the loan entered repayment. The example compares the effects of paying the interest as it accrues or allowing it to be capitalized.

A **co-maker** is one of the two individuals who are joint borrowers on a Direct or Federal Consolidation Loan or a Federal PLUS Loan. Both co-makers are equally responsible for repaying the full amount of the loan.

A **deferment** is a period during which you are entitled to postpone repayment of your loans. Interest is not generally charged to you during a deferment on your subsidized loans. Interest is always charged to you during a deferment on your unsubsidized loans. On loans made under the Perkins Loan Program, all deferments are followed by a post-deferment grace period of 6 months, during which time you are not required to make payments.

An **endorser** is an individual who signs a promissory note and agrees to pay the loan if the borrower does not.

The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans, Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).

The **Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).

A **forbearance** is a period during which you are allowed to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. A forbearance can be a mandatory forbearance, meaning that your loan holder must grant the forbearance if you qualify for the forbearance and supply all supporting documentation. A forbearance can also be a discretionary forbearance, meaning that your loan holder may grant the forbearance, but is not required to do so.

The **holder** of your Direct Loans is the Department. The holder of your FFEL Program loans may be a lender, guaranty agency, secondary market, or the Department. The holder of your Perkins Loans is an institution of higher education or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to "your loan holder" on this form mean either your loan holder or your servicer.

A **subsidized loan** is a Direct Subsidized Loan, a Direct Subsidized Consolidation Loan, a Federal Subsidized Stafford Loan, portions of some Federal Consolidation Loans, Federal Perkins Loans, NDSL, and Defense Loans.

An **unsubsidized loan** is a Direct Unsubsidized Loan, a Direct Unsubsidized Consolidation Loan, a Direct PLUS Loan, a Federal Unsubsidized Stafford Loan, a Federal PLUS Loan, a Federal SLS, and portions of some Federal Consolidation Loans.

The William D. Ford Federal Direct Loan (Direct Loan)
Program includes Federal Direct Stafford/Ford (Direct
Subsidized) Loans, Federal Direct Unsubsidized Stafford/
Ford (Direct Unsubsidized) Loans, Federal Direct PLUS
(Direct PLUS) Loans, and Federal Direct Consolidation
(Direct Consolidation) Loans.

**Table 1. Capitalization Chart** 

Treatment of Interest with Deferment/Forbearance	Loan Amount	Capitalized Interest	Outstanding Principal	Monthly Payment	Number of Payments	Total Repaid
Interest is paid	\$30,000	\$0	\$30,000	\$333	120	\$41,767
Interest is capitalized at the end	\$30,000	\$1,800	\$31,800	\$353	120	\$42,365
Interest is capitalized quarterly and at the end	\$30,000	\$1,841	\$31,841	\$354	120	\$42,420

## SECTION 6: WHERE TO SEND THE COMPLETED FORBEARANCE REQUEST

Return the completed form and any documentation to: (If no address is shown, return to your loan holder.)

If you need help completing this form, call: (If no telephone number is shown, call your loan holder.)

## **SECTION 7: IMPORTANT NOTICES**

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., or §461 of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., or 20 U.S.C. 1087aa et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program, Federal Family Education Loan (FFEL) Program, or Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, or Federal Perkins Loan Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0031. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 674.33, 682.211, and 685.205. If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 6).



# United States Department of Education

## Certification of Identity & Authorization to Disclose Personal Information

**Privacy Act Statement.** Department regulations require a person who submits a written request for access or disclosure of records to submit personal data sufficient to identify the individual submitting the request. 34 C.F.R. Section 5b.5(b). We solicit the information requested here in order to ensure that the records of individuals who are the subject of Department systems of records are not wrongfully disclosed by the Department. If you fail to furnish this information we will take no action to honor your request. Required information is indicated in CAPS.

FULL NAME OF REQUESTER: [PLEASE PRINT]	TANGELA WALKER	
ADDRESS: [STREET] 1409 Hobart Ave		
[CITY] Evansville	[STATE] IN	[ZIP] <u>47710</u>
Phone: (812 777-6826	Email: twalker6970	@gmail.com
SOCIAL SECURITY NUMBER: 1 452-71-1824	4 DATE	E OF BIRTH: [MM/DD/YY] 01/05/1985
Authorization to Disclose	e Personal Informa	tion to Another Person
I authorize the Department of Education and is as my representative, any records of the Department, for the purpose	rtment regarding my student	t financial assistance loan or grant
FULL NAME OF REPRESENTATIVE: SL Finance	ce	
ADDRESS: [STREET] 12900B Garden Grov	ve Blvd. Ste. 170	
[CITY] Garden Grove	[STATE] CA	[ZIP] 92843
PHONE: ( ) 8009951988	[Relationship To Requester]	3rd Party Rep
I authorize the Department to honor this authorized office of the Department receives to information, the representative named here must be a support of the Department receives to the department of the Department to honor this authorized the Department receives the Depa	that notice. I understand that	t whenever requesting disclosure of
I UNDERSTAND THAT IN ORDER TO VERIFY DISCLOSURE BY TELEPHONE, THE REPRESI AND THE DATE ON WHICH I SIGNED THIS A	ENTATIVE MAY BE REQUIR	
I declare under penalty of perjury that I am the individual named as representative, and that the any false statement is subject to punishment u than five years, and that a knowing and willfu subject to punishment under 5 U.S.C. Section	he statements I provided here inder 18 U.S.C. Section 1001 il request made under false pi	e are true and accurate. I understand that 1 by fine or imprisonment of not more pretenses for a record of an individual is
DATE: 4/22/2021 SIGNATURE	Jan . V IM	
You are not required to provide your SSN or DOI identification of records relating to you, and unless	B. However, we ask you to prov you provide your SSN and DO	vide your SSN and DOB only to facilitate the DB, we may be unable to locate any or all

Completed authorizations should be mailed to:

records pertaining to you.

US DEPARTMENT OF EDUCATION PO BOX 5609 GREENVILLE TX 75403-5609





## Your Document Was Successfully Signed!

Congratulations, your document(s) was successfully signed. Please find details below related to your e-signature submission.

## **1** Signing Details

Document ID 3752882

Document Title
SLF Agreement

Sender IP Address 104.189.9.237

**Number Of Signers** 

1

Signer Email

twalker6970@gmail.com

Signer IP Address 68.179.149.92

Timestamp

2021-04-22T10:47:14-05:00

Document MD5 Hash

d41d8cd98f00b204e9800998ecf8427e

## Document Audit

- ✓ Sent at 2021-04-22T10:44:21-05:00 from IP 104.189.9.237
- ✓ Delivered to twalker6970@gmail.com at 2021-04-22T10:44:50-05:00 from 68.179.149.92
- ✓ Adopted Signature at 2021-04-22T10:45:32-05:00 from 68.179.149.92
- ✓ Completed Signing at 2021-04-22T10:47:12-05:00 from 68.179.149.92
- ✓ PDF Generated at 2021-04-22T10:47:14-05:00

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