



# FORBEARANCE/DEFERMENT FORM

## PERSONAL INFORMATION

Name of Requestor :   
 (PLEASE USE CAPITAL)

Please circle your request:     Forbearance     Deferment

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Gender :  Male     Female

Address : \_\_\_\_\_

Saipan Address : \_\_\_\_\_    E-Mail : \_\_\_\_\_

Phone Number : \_\_\_\_\_    Social Security Number : \_\_\_\_\_

## EDUCATIONAL DATA

List of Institutions	Type of Degree Obtained	Graduation Date
No. 1. _____	_____	_____
No. 2. _____	_____	_____
No. 3. _____	_____	_____

Are you currently pursuing a higher degree, certificate, internship or residency? If so, please specify.  
 \_\_\_\_\_

## EMPLOYMENT DATA

Are you currently employed? Yes or No

Employment History	Position	Start Date	End Date	Salary (optional)
No. 1. _____	_____	_____	_____	_____
No. 2. _____	_____	_____	_____	_____
No. 3. _____	_____	_____	_____	_____

Are you or your spouse serving in the US armed force?    Yes or No    Please Indicate Which Branch:    Active Dates:

## REASON FOR FORBEARANCE/DEFERMENT REQUEST:

Please attach supporting documents if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sign and Date

670-233-5995/235-1020/21

SAIPAN SHEFA

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