

NEW MEXICO HIGHER EDUCATION DEPARTMENT



For NMHED Use Only

APPROVED **DENIED**
Program Manager Initials _____
Date: _____

APPROVED **DENIED**
Financial Aid Director Initials _____
Date: _____

LOAN FOR SERVICE LOAN DEFERMENT REQUEST FORM

(Check one)

New Deferment

Annual Renewal Deferment

SECTION 1: General Information (to be completed by borrower)

First Name: _____ Last Name: _____ MI: _____

Previous Name under which records may be kept: _____

Loan-for-Service Program Name: _____

Last four digits of SS#: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Primary Email: _____

DISCLAIMER

Borrowers requesting deferment of service will be notified in writing of approval or denial of the request from the New Mexico Higher Education. Once the deferment expires, the loan shall become due with interest. Interest will start to accrue at the time the loan become due according to the terms set forth in the contract. Borrowers who did not complete the program and are approved for deferment, will have the interest continue to accrue on the loan during the deferment period.

If your deferment is granted for longer than 12 months, it is solely your responsibility to submit this form **annually** until the expiration of your deferment. Failure to do so will result in your loan being placed into repayment and due immediately. Interest will start to accrue at the time the loan becomes due according to the terms set forth in the contract.

SECTION 2: Deferment Request

I am currently unable to provide my obligated service in New Mexico for the following reason:

(check one)

- Residency/Internship** - Individuals entering into a medical or dental residency program may request deferment for a period not to exceed forty-eight (48) months upon NMHED approval. Attach a copy of the letter from the Institution of Facility approving your internship or residency.
- Enrollment** - Individuals enrolled for at least half-time may request a deferment for the length of time required to complete a degree or certificate program. Attach a copy of your schedule.
- Employment** - Individuals who are seeking but unable to find full-time employment may request a deferment for a period not to exceed twelve (12) months. Attach a letter explaining your circumstances.
- Profession** - Individuals who are seeking but unable to find full-time employment in an eligible health profession may request a deferment for a period not to exceed twenty-seven (27) months. Attach a letter explaining your circumstances.
- Military Service** - Individuals serving as an active duty member of the Armed Forces of the United States may request a deferment for a period not to exceed thirty-six (36) months. Attach supporting documentation.
- Medical** - Individuals unable to secure employment in a designated shortage area due to medical circumstances or because they are caring for a disabled spouse or family member may request a deferment for a period not to exceed thirty-six (36) months upon NMHED approval. Attach official documentation from a physician.
- Forbearance/Hardship (Program Completion)** – Individuals who completed the program who are willing, but financially unable to make payments under the repayment schedule may request forbearance. Not to exceed (6) months upon NMHED approval. Requests are reviewed on a case-to-case basis. Attach a letter explaining your circumstances.
- Forbearance/Hardship (Incompletion of Program)** – Individuals who did not complete the program who are willing, but financially unable to make payments under the repayment schedule may request forbearance. Not to exceed (6) months upon NMHED approval. Requests are reviewed on a case-to-case basis. **Interest will continue to accrue on loan.** Attach a letter explaining your circumstances.

Deferment is requested for the following period:

Begin Month and Year: _____ / _____ End Month and Year: _____ / _____

If your deferment is granted for longer than 12 months, it is solely your responsibility to submit this form **annually** until the expiration of your deferment. Failure to do so will result in your loan being placed into repayment and due immediately. Interest will start to accrue at the time the loan becomes due according to the terms set forth in the contract.

NEW MEXICO HIGHER EDUCATION DEPARTMENT



I understand that if my deferment request is approved by NMHED, the obligations of my loan-for-service will be extended. I agree to notify NMHED immediately if the condition(s) that qualified me for the deferment ends. I also certify that the information I provided on this application is true and complete to the best of my knowledge. If asked by the New Mexico Higher Education Department I will provide proof of the information I have given on this application. I understand all information can and will be used in a legal capacity if necessary.

Signature of Borrower

Date

SECTION 3: To be completed by a Notary Public

***The Notary section is not required at the present time due to COVID-19.**

State of New Mexico

County of _____

This instrument was acknowledged before me this _____ day of _____ 20_____

by _____

(name of person)

(Seal)

Signature of notarial officer

My commission expires: _____

The Deferment Request Form and all supporting documentation MUST be submitted in PDF format. The complete packet should be scanned and emailed to the New Mexico Higher Education Department, Financial Aid Division at fin.aid@state.nm.us. Please place "**Last Name, First Name, DR**" in the subject line of the email.

MAILED IN FORMS WILL NOT BE ACCEPTED. THE FORM AND DOCUMENTS MUST BE EMAILED.

Please keep a copy of the packet for your records. If you have any questions regarding the submission of your packet, please send an email to fin.aid@state.nm.us.