

Access Group loans serviced by:



P.O. Box 24328
Louisville, KY 40224-0328
Phone: (888) 250-6401
Fax: (502) 329-7077
www.studentloanpeople.com



APPLICATION FOR INCOME-SENSITIVE REPAYMENT OPTION

1. The average gross income (before taxes and other deductions) I expect to receive for the next 12 months is \$ _____. If this is a spousal consolidation, expected annual gross income for my spouse is \$ _____. This amount includes the following sources (check all that apply):

Salary Other (source): _____
 Self-employment earnings _____

2. If I am now past due on my loan payments because of my financial circumstances, I request a forbearance to cover payments due BEFORE my income-sensitive payments begin. I understand that adding this forbearance may impact any applicable incentives that are on my loans. I also understand that all accrued interest may be capitalized (added to my principal balance) unless I pay it separately.
3. I understand that I must continue to make my regular scheduled payments until I am notified of a new payment amount.
4. I have included a copy of my pay statement(s) for the most recent month OR my written and signed statement of my most recent month's income if I am self-employed OR a letter from my employer stating my position and monthly earnings.

Account Number: _____

Street Address: _____

City, State, & Zip: _____

Phone Number: _____

Employer's Name: _____

Employer's Phone Number: _____

Borrower's Signature Date

*Spouse's Signature Date

*Required only if the loan is a Spousal Consolidation

Fax : (502) 329-7077

Mail : **The Student Loan People**
Attn: Loan Servicing Department
P.O. Box 24328
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