

**Request For Rehabilitation  
Of  
Federal Perkins Loans**

**INSTITUTIONAL ACTION**

APPROVED BY \_\_\_\_\_  
 DISAPPROVED DATE \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of Lender



**MARQUETTE  
UNIVERSITY**

Office of Student Loan Accounts & Collections  
Zilber Hall  
PO Box 1881  
Milwaukee WI 53201-1881  
(414) 288-6818  
Fax: (414) 288-1434

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
 (Check if Changed) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Loan Numbers: \_\_\_\_\_

**INSTRUCTIONS**

To request loan rehabilitation, this agreement must be filed with Marquette University.

**Report any changes in status immediately to Student Loan Accounts.**

**Type or Print in Ink.**

Send **signed** and **completed** form to:

Marquette University, Office of Student Loan Accounts, PO box 1881, Milwaukee, Wisconsin, 53201-1881

**PART I**

Effective July 1, 2000, the United States Department of Education has amended its regulations governing the Federal Perkins Loan Program to provide opportunity for rehabilitation of defaulted loans. It provides that a defaulted loan may be rehabilitated if the borrower makes an on-time, monthly payment, as determined by the institution, for twelve consecutive months.

After the loan has been rehabilitated, the institution will return the borrower to regular payment status, treating the first payment under the twelve consecutive payments as the first payment in a new payment period of up to 10 years. It will also instruct credit bureaus, to which the default was made, to remove the default from the report. Title IV student financial assistance will also be established, provided that the borrower is otherwise eligible.

Once the loan is rehabilitated, the borrower is subject to the terms, conditions, benefits and privileges of the borrower's original promissory note. This includes eligibility for deferments, forbearance, cancellations, and flexible repayment options. The borrower is also subject to the same responsibilities under the note, which include making regular payment, and informing the school of an address change. **Federal Register/ Vol. 64, No 208, October 28, 1999/ Rules and Regulations.**

**Remember that loan rehabilitation can only occur once during the life of the loan. If the loan falls into default after loan rehabilitation has occurred, it can not be rehabilitated again.**

The borrower must promptly notify Marquette University of any change of address.

Failure to receive statements shall not be considered reason for non-payment.

This is to acknowledge that I have read, understand, and agree to the terms and conditions of this loan rehabilitation agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II Personal Information Please Print**

Previous Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Employer's Address \_\_\_\_\_ Emp. Telephone # \_\_\_\_\_ Salary \_\_\_\_\_

City and State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Employer's Address \_\_\_\_\_ Emp. Telephone # \_\_\_\_\_ Salary \_\_\_\_\_

City and State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City and State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Personal Reference (EXCLUDING PARENTS) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City and State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**PART III FINANCIAL INFORMATION:**

Bank \_\_\_\_\_

|                                    |                                 |          |
|------------------------------------|---------------------------------|----------|
| Savings Acct. Balance \$ _____     | Checking Acct Balance           | \$ _____ |
| <b>Net Monthly Income</b> \$ _____ | Number of dependents            | _____    |
| Subtract Monthly Payments Made To: |                                 |          |
| Housing \$ _____                   | _____                           | \$ _____ |
| Utilities \$ _____                 | _____                           | \$ _____ |
| Food/Household Exp. \$ _____       | _____                           | \$ _____ |
| Insurance \$ _____                 | _____                           | \$ _____ |
| Medical/Dental Exp. \$ _____       | _____                           | \$ _____ |
| Transportation Exp. \$ _____       | _____                           | \$ _____ |
| Auto Payments \$ _____             | _____                           | \$ _____ |
| Student Loans \$ _____             | _____                           | \$ _____ |
|                                    | <b>Balance at End of Month:</b> | \$ _____ |

Signature \_\_\_\_\_ Date \_\_\_\_\_