



ARLF Forbearance Request

For an Individual

Name

Address

Address

Phone

Borrower Name: _____

Loan Number: _____

I swear under penalty of perjury **I am experiencing financial hardship related to the COVID-19 public health disaster emergency.** This means as a result of the emergency I have insufficient funds to pay the reasonable costs of food, housing, health care, and other goods and services vital to the health and wellness of myself [and my spouse] or [my spouse and dependents].

I therefore request forbearance of Promissory Note _____. In doing so, I understand that my failure to make the required installment payments during the public health emergency or until November 15, 2020, whichever is earlier, shall not be considered default under the note.

I further understand the forbearance extends until the date the Governor of the State of Alaska determines that the novel coronavirus disease (COVID-19) public health disaster emergency no longer exists, or until November 15, 2020, whichever is earlier. At such point, I am obligated to pay all amounts due under the terms of Promissory Note _____ within thirty days. If I cannot do so, **I will seek a modification** of my loan subject to the terms of 11 AAC Chapter 39.

Signed: _____

Dated: _____

Subscribed and sworn to before me in _____, by _____, this _____ day of _____, 20_____.

PRINT NAME OF SURETY

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION DATE