

THIS IS IN RESPONSE TO YOUR REQUEST TO ESTABLISH A MONTHLY PAYMENT PLAN. IN ORDER TO DETERMINE A PAYMENT AMOUNT THAT IS BOTH AFFORDABLE FOR YOU AND REASONABLE BASED ON THE AMOUNT YOU OWE, YOU MUST COMPLETE THE FOLLOWING STATEMENT OF FINANCIAL STATUS.

INSTRUCTIONS:

1. **IMMEDIATELY BEGIN SENDING THE AMOUNT YOU PROPOSE TO PAY** EACH MONTH TO:

U.S. DEPARTMENT OF EDUCATION
P.O. BOX 4169
GREENVILLE, TX 75403-4169

INCLUDE YOUR SOCIAL SECURITY NUMBER ON YOUR PAYMENT INSTRUMENT AND DO NOT SEND CASH.

2. COMPLETE EVERY FIELD ON THIS FORM. IF AN ANSWER IS ZERO, WRITE ZERO.

3. INCLUDE PROOF OF YOUR HOUSEHOLD INCOME FOR BOTH YOU AND YOUR SPOUSE (TWO MOST RECENT PAY STUBS AND FEDERAL INCOME TAX RETURNS), AND PROOF OF YOUR EXPESNSES (SUCH AS COPIES OF MONTHLY BILLS).

4. DO NOT INCLUDE MONTHLY PAYMENTS ON CREDIT CARDS IF THE ITEMS PURCHASED BY THAT CREDIT CARD FIT UNDER AN EXPENSE CATEGORY LISTED HERE. INCLUDE THOSE COSTS UNDER THAT EXPENSE CATEGORY. FOR EXAMPLE, PAYMENTS REQUIRED ON DEPARTMENT STORE CREDIT CARDS USED TO PURCHASE CLOTHING SHOULD BE LISTED UNDER CLOTHING EXPENSES.

5. IF YOU ARE PAYING SOME EXPENSES QUARTERLY OR ANNUALLY, SUCH AS AUTOMOBILE INSURANCE OR PROPERTY TAXES, CALCULATE THE AMOUNT THAT WOULD BE DUE IF THESE EXPENSES WERE PAID ON A MONTHLY BASIS AND PUT THAT AMOUNT IN THE SPACE PROVIDED.

6. RETURN THE COMPLETED FORM TO: U.S. DEPARTMENT OF EDUCATION
PO BOX 5609
GREENVILLE, TX 75403-5609

STATEMENT OF FINANCIAL STATUS

AMOUNT YOU ARE PROPOSING TO PAY EACH MONTH: \$ _____

COUNTY IN WHICH YOU LIVE: _____ SSN: _____

NAME, ADDRESS _____
AND PHONE _____
NUMBER OF YOUR _____
CURRENT _____
EMPLOYER(S) _____

NUMBER OF DEPENDENTS (AS DEFINED BY IRS) INCLUDING SELF: _____
MARITAL STATUS (MARRIED, SINGLE, DIVORCED) _____
SPOUSE'S NAME AND SSN: _____

MONTHLY INCOME:

NOTE: GROSS INCOME IS INCOME BEFORE ANY DEDUCTIONS SUCH AS TAXES. NET INCOME IS YOUR TAKE-HOME PAY. INCLUDE A COPY OF RECENT PAY STUBS.

YOUR MONTHLY INCOME GROSS \$ _____ NET \$ _____
YOUR SPOUSE'S MONTHLY INCOME GROSS \$ _____ NET \$ _____
OTHER CONTRIBUTING RESIDENT(S) MONTHLY INCOME NET \$ _____
OTHER (CHILD SUPPORT, ETC. DESCRIBE _____) NET \$ _____

MONTHLY EXPENSES:

RENT/MORTGAGE (TO WHOM: _____) \$ _____
PROPERTY TAX (TO WHOM: _____) \$ _____
HOME INSURANCE (TO WHOM: _____) \$ _____

FOOD \$ _____ ELECTRICITY \$ _____ WATER/SEWER \$ _____
CLOTHING \$ _____ NATURAL GAS \$ _____ GARBAGE \$ _____
BASIC PHONE \$ _____ CAR PYMNT 1 \$ _____ CAR PYMNT 2 \$ _____
CAR INSURE \$ _____ PUBLIC TRAN \$ _____ GAS AND OIL \$ _____
MEDICAL INSURANCE PAYMENTS NOT DEDUCTED FROM PAYCHECK \$ _____
MEDICAL CO-PAYMENTS AND EXPENSES NOT COVERED BY INSURANCE \$ _____

CHILD CARE EXPENSES (NUMBER OF CHILDREN: _____) \$ _____
 CHILD SUPPORT (NUMBER OF CHILDREN: _____) \$ _____

LIST ANY OTHER MONTHLY EXPENSES BELOW:

1) _____ \$ _____
 2) _____ \$ _____
 3) _____ \$ _____

ASSETS:

BANK ACCOUNT 1 (BANK NAME: _____) \$ _____
 BANK ACCOUNT 2 (BANK NAME: _____) \$ _____
 BANK ACCOUNT 3 (BANK NAME: _____) \$ _____
 STOCKS/BONDS (BANK NAME: _____) \$ _____
 HOME VALUE \$ _____ OWED \$ _____
 OTHER REAL ESTATE VALUE \$ _____ OWED \$ _____
 CAR 1 (YR, MAKE, MODEL: _____) VALUE \$ _____ OWED \$ _____
 CAR 1 (YR, MAKE, MODEL: _____) VALUE \$ _____ OWED \$ _____

PLEASE SIGN THE DECLARATION BELOW:

I DECLARE UNDER PENALTIES PROVIDED BY 18 U.S.C. SECTION 1001, THAT THE ANSWERS AND STATEMENTS CONTAINED HEREIN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

SIGNATURE: _____ DATE: _____

WARNING: 18 U.S.C. 1001 PROVIDES THAT "WHOEVER...KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION.., SHALL BE FINED NOT MORE THAN \$10,000.00, OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH".

PRIVACY ACT NOTICE

THIS REQUEST IS AUTHORIZED UNDER 31 U.S.C. 3711, 20 U.S.C. 1078-6, AND 20 U.S.C. 1095A. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. IF YOU DO NOT, WE CANNOT DETERMINE YOUR FINANCIAL ABILITY TO REPAY YOUR STUDENT AID DEBT. THE INFORMATION YOU PROVIDE WILL BE USED TO EVALUATE YOUR ABILITY TO PAY. IT MAY BE DISCLOSED TO GOVERNMENT AGENCIES AND THEIR CONTRACTORS, TO EMPLOYERS, LENDERS, AND OTHERS TO ENFORCE THIS DEBT; TO THIRD PARTIES IN AUDIT, RESEARCH, OR DISPUTE ABOUT THE MANAGEMENT OF THIS DEBT; AND TO PARTIES WITH A RIGHT TO THIS INFORMATION UNDER THE FREEDOM OF INFORMATION ACT OR OTHER FEDERAL LAW OR WITH YOUR CONSENT. THESE USES ARE EXPLAINED IN NOTICE IN THE STUDENT FINANCIAL ASSISTANCE COLLECTION FILES, NO 18-11-07; WE WILL SEND A COPY AT YOUR REQUEST.