

### **CLIENT INFORMATION**

ame:(Last, First, Middle)	
Former Names (if any):	
(Last, First, Middle)	
(Last, First, Middle)	
(Last, First, Middle)	
street Address:	
ity:	State: Zip:
ate of Birth:	Social Security Number (SSN):
river's License State:	Driver's License Number:
ome Phone: ()	Cell Phone: ()
/ork Phone: ()	

# **FAMILY INFORMATION**

arital Status:			
	□ Married	☐ Married, but separated	☐ Married, but cannot access spouse's income info
If married provide	the following:		
If <b>married</b> , provide	e trie following.		
Spouse Name (Last, First, Mid	e:  dle)		
Spouse Date	of Birth:		
Spouse Socia	I Security Number	(SSN):	
Does your Spe	ouse have Federal	Student Loans too?   Yes   N	No Amount: \$
Does your Sp	ouse have Private	Student Loans too?   Yes   N	o Amount: \$
eople Supported by	y You:		
		than half of their support from you	?
How many oth (Do <u><b>NOT</b></u> includ	ner people receive i le spouse)		you?
		status are NOT relevant. person receives more than 50% of	their support from Client.
Do your childr	en or dependents h	nave Federal Student Loans too?	□ Yes □ No Amount: \$
Do your childr	en or dependents h	nave Private Federal Student Loans	s too?   Yes   NoAmount: \$

# Employer Name: City: \_\_\_\_\_ State: Zip: \_\_\_\_\_ Second Employer Name: \_\_\_\_\_ Street Address: State: \_\_\_\_\_ Zip: \_\_\_\_\_ Third Employer Name: \_\_\_\_\_ Street Address: City: \_\_\_\_\_

State: \_\_\_\_\_

**EMPLOYMENT INFORMATION** 

Zip: \_\_\_\_\_

# SPECIAL QUESTIONS FOR TEACHERS Teachers may be eligible for special loan forgiveness programs. If you are (or were) a teacher, answer the questions below: Are you currently (or have you been) a full-time teacher? □ Yes □ No Have you taught full-time for at least five (5) consecutive, complete academic years (with at least one of those years being AFTER the 1997-98 academic year)? ☐ Yes □ No Was your teaching service performed at an eligible school listed on the Teacher Cancellation Loan Income List? (www.tcli.ed.gov) □ Yes □ No Were any federal student loans originated before the end of your 5-year teaching service? ☐ Yes □ No SPECIAL QUESTIONS FOR GOVERNMENT AND NON-PROFIT EMPLOYEES Employees working in the public and non-profit sectors may be eligible for special loan forgiveness programs. If you work in the public or non-profit sectors, answer the questions below: Is your employer a governmental organization? Yes Is your employer tax-exempt under Section 501(c) (3) of the Internal Revenue Code? □ Yes Is your employer a non-profit organization? ☐ Yes ☐ No Is your employer a partisan political organization? ☐ Yes ☐ No Is your employer a labor union? ☐ Yes Indicate the service(s) Client's employer provides: □ Emergency Management □ Public Service for The Elderly ☐ Military Service □ Public Health □ Public Safety □ Public Education □ Law Enforcement □ Public Library Services □ School Library Services □ Public Interest Legal Services □ Other School-Based Services ☐ Early Childhood Education □ None of The Above ☐ Public Service for Individuals With Disabilities

# Are you currently disabled? □ Yes □ No (If No, please skip to the next page) Have you been declared disabled by \_\_\_\_\_? □ Yes □ No Do you have a disability claim pending? □ Yes □ No If you are disabled, describe the extent of your disability: Are you receiving SSDI? □ Yes □ No Are you receiving VA Disability? □ Yes □ No Are you receiving private or another form of disability? □ Yes □ No Were you disabled when you received the student loans? □ Yes □ No Are able to work for pay? □ Yes □ No

#### SPECIAL INSTRUCTIONS REGARDING DISABILITY DISCHARGE

#### **Total and Permanent Disability Discharge**

DISABILITY INFORMATION

If you are totally and permanently disabled, this may be shown in one of three ways:

- 1. Documentation from the U.S. Department of Veterans Affairs (VA) showing that the VA has determined that you are unemployable due to a service-connected disability.
- 2. Certification from a physician that you are totally and permanently disabled.
- 3. A Social Security Administration (SSA) notice of award for SSDI or SSI benefits stating that your next scheduled disability review will be within five to seven years from the date of your most recent SSA disability determination. This document is called a Benefits Planning Query (BPQY). There are two ways to obtain a copy of your BPQY:
  - a. We can obtain the **BPQY** for you. Please sign **two copies** of Form SSA-3288 Consent for Release of Information. The cost for this additional service is \$250.00.
  - b. You can get a copy of your BPQY:
  - **Step 1:** Gather one or two forms of identification that provide your date of birth and social security number (Driver's License, Photo ID, Social Security Card, etc.).
  - **Step 2:** Go to your local Social Security Administration office and ask for a BPQY form number SSA-2459. (We can provide a sample).

#### OR

Call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m. and ask them to mail your BPQY to you.

Step 3: Check to see that the information you are given says "Benefits Planning Query" and that your name is at the top.

### **INCOME INFORMATION**

**INSTRUCTIONS:** If your annual taxable income has not decreased significantly since your last tax return, enter the Adjusted Gross Income amount (AGI) from your last tax return.

Married Filing Jointly - enter household Adjusted Gross Income (AGI)

Married Filing Separately or Head of Household - must provide spouse's AGI

Did AGI change significantly from last year?				□ Yes □ No			
Did actual income change significantly from last year?			n last year?	□ Yes □ No			
arı	ied borrowers, filing separ	ately ONLY					
	Spouse's Current Adju	sted Gross Income:	\$				
	Did AGI change signific	cantly from last year	?	□ Yes □ No			
	Did actual income char	nge significantly from	n last year?	□ Yes □ No			
	If your Incom		ernative Documenta	ition of Income GI on your last tax return, please complete:			
Та	kable Income	io io oubotantiany a		on your last tax return, proude complete.			
	Income Type	Monthly Av	verage Amount	Please Provide The Following Proof:			
		Borrower	Spouse	, and the second			
1.	Employment Income	\$	\$	2 most recent pay stubs (Dated within past 90 days 1040-ES worksheet if self-employed			
2.	Worker's Compensation	\$	\$	Award letter or pay stub (Dated within past 90 days)			
3.	Unemployment Benefits	\$	\$	Award letter or pay stub (Dated within past 90 days)			
4.	Alimony	\$	\$	Divorce decree			
5.	Other Taxable Income	\$	\$	Evidence of source and amount			
No	n-Taxable Income	<u> </u>	<u> </u>				
6.	Child Support	\$	\$	Divorce decree or Support Order			
7.	Social Security	\$	\$	Benefit statement			
8.	Other Non-Taxable	\$	\$	Evidence of source and amount			

# STUDENT LOAN STATUS AND COLLECTION ACTIVITY

ment Status:			
	paying your student loans? repayment plans in which you		☐ Yes ☐ No
Standard	<b>Graduated Standard</b>	Extended	Graduated Extended
Income Contingent	Income Based	PAYE	REPAYE
Not Sure			
What is your total n	monthly payment: \$		
• Are you in a forbea	rance or deferment agreeme	ent?	☐ Yes ☐ No
Are you behind on	your payments?		☐ Yes ☐ No
If yes, how far behin	d are you? $\square$ <30 days $\square$	>30 Days □ >	180 Days $\square$ >270 Days $\square$ Not Sure
Hare or are your loa	ans in default?		□ Yes □ No □ Not Sure
	Chapter 13 bankruptcy.		
kruptcy Status:			
Are you in an active	e bankruptcy?		☐ Yes ☐ No
If <b>yes</b> , provide the fo	ollowing:		
-	_	Case Num	ber:
Bankruptcy Jurisdiction	_		ber:
Bankruptcy Jurisdiction Filing Date:  NOTE: You	on:	Chapter:	
Bankruptcy Jurisdiction Filing Date:  NOTE: You	on:ou will need the Bankruptcy Co	Chapter:	□7 □11 □12 □13
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the property of the prope	on:ou will need the Bankruptcy Coot, the bankruptcy could be dis	Chapter: ourt's permission smissed.	□ 7 □ 11 □ 12 □ 13  to make changes to your student  □ Yes □ No
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the section Actions:  Are your wages being Are your Social Section Sectio	on:ou will need the Bankruptcy Coot, the bankruptcy could be disting garnished?	Chapter: ourt's permission smissed.	to make changes to your student  Yes No Yes No
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the property of the prope	on:ou will need the Bankruptcy Coot, the bankruptcy could be disting garnished?	Chapter: ourt's permission smissed.	□ 7 □ 11 □ 12 □ 13  to make changes to your student  □ Yes □ No
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the section Actions:  Are your wages being Are your Social Section Has your tax refundance.  NOTE: If O	on:ou will need the Bankruptcy Coot, the bankruptcy could be disting garnished? curity, Veteran's or other bed been seized? Client's wages are being garnidebt collector before procee	Chapter: ourt's permission smissed. enefits being gar	to make changes to your student  Yes No Yes No
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the section Actions:  Are your wages being Are your Social Section Has your tax refundable.  NOTE: If County the section Actions with the section Actions.	on:ou will need the Bankruptcy Coot, the bankruptcy could be disting garnished? curity, Veteran's or other bed been seized? Client's wages are being garnidebt collector before procee	Chapter: ourt's permission smissed. enefits being gar	to make changes to your student  Yes No Yes No Yes No Yes No
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the section Actions:  Are your wages being Are your Social Section Has your tax refundable.  NOTE: If County the section Actions with the section Actions.	on:ou will need the Bankruptcy Coot, the bankruptcy could be disting garnished? curity, Veteran's or other bed been seized? Client's wages are being garnidebt collector before procee	Chapter: ourt's permission smissed. enefits being gar	to make changes to your student  Yes No Yes No Yes No Yes No
Bankruptcy Jurisdiction  Filing Date:  NOTE: You loans. If note that the section Actions:  Are your wages being Are your Social Section Has your tax refundable.  NOTE: If County the section Actions with the section Actions.	on:ou will need the Bankruptcy Coot, the bankruptcy could be disting garnished? curity, Veteran's or other bed been seized? Client's wages are being garnidebt collector before procee	Chapter: ourt's permission smissed. enefits being gar	to make changes to your student  Yes No Yes No Yes No Yes No

-	r Federal student loans the subject o			☐ Yes	
	ere you sued?				
Who was	the lawyer for the student loans?			·	
Did you h	nave a lawyer?   Yes  No	Name (and telephone #):			
ls the sui	t still going on? List any court deadling	es and hearing dates:			
		er is suing Client or has obtained a judge efore proceeding. Bankruptcy autom			
lection					
	bt collector ever contacted you about you debt collector:	our student loans?	□ Yes	□ No	
0	Sent you inappropriate, unfair, or inaccu		□ Yes	□ No	
	Made inappropriate, unfair, or inaccurat Visited you personally?	e telephone calls?	□ Yes □ Yes	□ No □ No	
	Contacted anyone other than you or a c	co-debtor about your student loans?	□ Yes	□ No	
0	Contacted you using a false name?	•	□ Yes	□ No	
0	Threatened to sue you, garnish your wa	iges, or damage your credit score?	□ Yes	□ No	
If yes, ple	ease provide details about that contact:				
Loan Se	ttlomont				
	ou sought help from any other attorney r	egarding your student loans?	□ Yes	□ No	
Have yo	ou sought help from any debt settlement	company for your student loans?	□ Yes	□ No	
If yes to	o either, please provide the name, addre	ess, and contact information:			
How mu	uch did you pay? \$				
Mhon u	vere your enrolled in this program?				
vviien w					

# **GOVERNMENT STUDENT LOANS**

# PLEASE FILL OUT THE FOLLOWING FORM FOR <u>EVERY</u> GOVERNMENT STUDENT LOAN YOU HAVE OR MIGHT HAVE

Attach latest bill or statement for each loan.

(If you need more pages, please ask.)

Name of Creditor:	Amount of Debt:	Monthly Payment: \$	Last payment date:				
Mailing Address: (Include Zip code)		Account Number:					
When was this loan incurred:			Years				
		From:	To:				
Original Lender:		Co-Signers:					
Which school did you use the loan to attend?	Did anyone co-sign this loan? □ Yes □ No						
Did you use some or all of the loan for living expenses?	□ Yes □ No	Name and Address	of co-signer:				
If yes, please describe:		Relationship to you:					
Do you have copies of your loan documents?	□ Yes □ No	Do you care if the creditor goes ☐ Yes ☐ No after the Co-signer for payment?					
Servicer Selection for Consolic You may be able to select your	dation: r loan servicer going forward. So	elect from the list below	w:				
□ Nelnet □ Navi	ent □ FedLoan Servicing	g   CornerStone	□ OSLA Servicing				
□ Great Lake □ MO⊦	HELA □ HESC/EdFinancia	al Granite State	□ I don't care				
This can be done one of two w Option 1	Federal student loan information rays: t file (see attached instructions)		dent Loan Data System	ı (NSLDS).			
OR <u>Option 2</u>							
Provide your FSA ID and	J Password.						
Client's FSA ID	:						
FSA Password:	:						
IMPORTANT	: Client will NOT be able to pro	ceed without providing	NSLDS data.				

#### SPECIAL INSTRUCTIONS REGARDING LOAN CANCELLATIONS

Review the available discharges/cancellations below. If you believe any of these discharges apply, complete questions below:

#### False Certification of Ability to Benefit Discharge

If you didn't have a high school diploma or GED when you enrolled and the school did not properly assess or certify your ability to benefit from the education paid for with the loan.

#### False Certification - Disqualifying Status Discharge

When the school certified your eligibility, but because of a physical or mental condition, age, criminal record, or other reason, you would have been disqualified from employment in the occupation in which you were being trained.

#### False Certification - Unauthorized Signature Discharge

The school signed your name on the application or promissory note without authorization or the school endorsed your loan check or signed your authorization for electronic funds transfer without your knowledge. Does NOT apply if the proceeds of the loan were delivered to you or applied to charges you owed to the school.

#### **Closed School Discharge**

If you attended a school that closed while enrolled or if you withdrew 120 days before the school's closure.

#### **Unpaid Refund Discharge**

You withdrew from school, but the school didn't pay a refund that it owed to the U.S. Department of Education or to the lender, as appropriate. Only the amount of the unpaid refund will be discharged.

#### **Defense to Repayment**

The school, through an act or omission, violated state law directly related to your federal student loan or to the educational services for which the loan was provided.

#### **Discharge Due to Death**

If original borrower or the student borrower in a Parent PLUS loan has died.

#### LOAN CANCELLATIONS DUE TO IMPROPER LENDING PRACTICES

False				
i disc	Certification of Ability to Benefit Discharge			
•	Did you sign private student loans before you were 18?	□ Yes	□ No	□ Not Sure
•	Do you have a high school diploma or a GED?	□ Yes	□ No	
	If you do have a diploma or GED, when was it earned and awarded?			
•	Did you enroll in any school(s) before you had your diploma or GED?	□ Yes	□ No	
	If so, did the school give you any kind of test before you enrolled?	□ Yes	□ No	
	If the school gave you any tests, please provide all the details you can about number of times you took it:	each test, h	ow it was	s administered, including the
False	Certification - Disqualifying Status Discharge  When you enrolled in school were you disqualified from employment in the occ or mental condition, age, criminal record, or other reason?  If yes, please explain:	cupation for v	which you □ No	u were training due to physical
False	Certification - Unauthorized Signature Discharge  Are any of the student loans not yours or are there any that you did not sign for the student loans in the	for? □ Yes	□ No	□ Not Sure
Closed	d School Discharge			



•	I Refund Discharge Did you withdraw from any school before completing your program?  If yes, please provide more information about your withdrawal:	□ Yes	□ No	
•	Did you receive a refund?	□ Yes	□ No	□ Not Sure
Client	Defense to Repayment			
•	Did any of your schools make any false promises or statements to you?  If yes, please describe the promises/statements and why they were false.	□ Yes	□ No	
•	Did you experience any other problems with the school(s) you attended? <i>If yes</i> , please describe:	□ Yes	□ No	
Discha	irge Due to Death	- Vaa	- No	
•	Has the original borrower died?  If yes, please provide the original borrower's name and date of death:	□ Yes	□ No	
•	Is the loan a Parent PLUS loan where the student has died?  If yes, please provide the student borrower's name and date of death:	□ Yes	□ No	

# **PRIVATE STUDENT LOANS**

# PLEASE FILL OUT THE FOLLOWING FORM FOR EVERY PRIVATE STUDENT LOAN YOU HAVE OR MIGHT HAVE

Attach latest bill or statement for each loan.

(If you need more pages, please ask.)

Name of Creditor:			Amount of Debt:	Monthly Payment:	Last payment date:			
Mailing Address: (Include Zip code)			Account Number:					
When was this loan incurred:			Years					
			From:	То:				
Original Lender:			Co-Signers:					
Which school did you use the loan to attend?			Did anyone co-sign th	nis Ioan?	□ Yes □ No			
Did you use some or all of the loan for living expenses?	□ Yes	□ No	Name and Address of	of co-signer:				
If yes, please describe:			Relationship to you:					
Do you have copies of your loan documents? □ Yes □ No			Do you care if the creditor goes after the Co-signer for payment? □ Yes □ No					
Name of Creditor:			Amount of Debt: \$	Monthly Payment:	Last payment date:			
Mailing Address: (Include Zip code)			Account Number:					
When was this loan incurred:			(Years)					
			From: To:					
Original Lender:			Co-Signers:					
What school did you use the loan to attend?			Did anyone co-sign this loan? □ Yes □ No					
Did you use some or all of the loan for living expenses? □ Yes □ No			Name and Address of co-signer:					
If <b>yes</b> , please describe:			Relationship to you:					
Do you have copies of your loan documents? □ Yes □ No			Do you care if the creditor goes ☐ Yes ☐ No after the Co-signer for payment?					