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 105028 ATLANTA, GA 30348-5028

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	: SSI	J:
NAME, ADDRESS		
AND PHONE		
NUMBER OF YOUR		
CURRENT		
EMPLOYER(S)		
NUMBER OF DEPENDENTS (AS	DEFINED BY TRS) INCL	JDING SELF:
MARITAL STATUS (MARRIED,		
SPOUSE'S NAME AND SSN: _		
MONTHLY INCOME:		
NOTE: COOCCINCOME IC IN	COME DEFODE ANY DEDUC	TIONS SUCH AS TAXES. NET
INCOME IS YOUR TAKE-HOME		
INCOME ID TOOR TAKE HOME	TAT: INCLUDE A COLL	of Recent IAI STODS.
YOUR MONTHLY INCOME	GROSS S	\$ NET \$
YOUR SPOUSE'S MONTHLY IN	ICOME GROSS	S NET S
OTHER CONTRIBUTING RESID	ENT(S) MONTHLY INCOME	NET \$
OTHER (CHILD SUPPORT, ET	C. DESCRIBE	)NET \$
MONTHLY EXPENSES:		
RENT/MORTGAGE (TO WE	iom:	)\$
PROPERTY TAX (TO WE	OM:	)\$
HOME INSURANCE (TO WH	OM:	)\$
	ELECTRICITY \$	
	NATURAL GAS \$	
BASIC PHONE \$		
	PUBLIC TRAN \$	
MEDICAL INSURANCE PAYMEN		
MEDICAL CO-PAYMENTS AND	EXPENSES NOT COVERED I	BY INSURANCE Ş

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 \$ OWEI	) \$
OTHER REAL ESTATE	VALUE \$ OWEI	\$
CAR 1(YR, MAKE, MODEL:	)VALUE \$ OWEI	\$
CAR 1(YR, MAKE, MODEL:	)VALUE \$ OWEI	\$

## 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.