



LOAN DISCHARGE APPLICATION: FALSE CERTIFICATION (DISQUALIFYING STATUS)

OMB No. 1845-0015
Form Approved
Exp. Date 08/31/2008

Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN |__|__|__|-|__|__|-|__|__|__|__|

Name _____

Address _____

City, State, Zip _____

Telephone - Home () _____

Telephone - Other () _____

E-mail (optional) _____

SECTION 2: STUDENT INFORMATION

Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.

1. Student's name (last, first, middle initial): _____

2. Student's SSN: |__|__|__|-|__|__|-|__|__|__|__|

3. School's name: _____

4. School's address (street, city, state, zip): _____

5. Dates of attendance at the school: From |__|__|-|__|__|-|__|__|__|__| To |__|__|-|__|__|-|__|__|__|__|

6. Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in when the school certified or originated the loan that you are requesting to have discharged: _____

7. To qualify for a loan discharge based on false certification due to a disqualifying status, you (or, for PLUS borrowers, the student) must have been unable – at the time the school certified or originated your loan – to meet the **legal requirements for employment** in your state of residence (or, for PLUS borrowers, in the student's state of residence) in the occupation for which the program of study was intended because of age, a physical or mental condition, criminal record, or other reason. Indicate your disqualifying status by checking the appropriate box(es) below:

- Age
- Physical condition
- Mental condition
- Criminal record
- Other (please specify): _____

Important: You must provide documentation to prove that you (or, for PLUS borrowers, the student) had the disqualifying status at the time the school certified or originated your loan. **Also, provide as much information as possible about the state legal requirements for employment that you (or, for PLUS borrowers, the student) could not meet. Include the title and/or section number of the specific state law or regulation, or attach a copy of the law or regulation.** You may obtain this information from the appropriate state agency, such as the consumer protection office or department of labor and employment, from a public library, or from an internet site that contains state laws and regulations.

8. (a) Before certifying or originating the loan, did the school ask you (or, for PLUS borrowers, the student) if the disqualifying status explained in Item 7 existed?
 Yes No Don't Know

(b) Did you (or, for PLUS borrowers, the student) inform the school of the disqualifying status before the loan was certified or originated?
 Yes No

9. Did the holder of your loan receive any money back (a refund) from the school on your behalf? Yes No Don't Know

If Yes, give the amount and explain why the money was refunded: _____

10. Did you (or, for PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school? Yes No Don't Know If Yes, please provide the following information:

(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: _____

Amount/status of claim: _____

(c) Amount of payment received: \$ _____
(Write "none" if no payment was received.)

SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: _____ **Date:** _____

SECTION 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Type or print using dark ink. For all dates, give month, day (if known), and year. Show dates as MM-DD-YYYY (for example, "January 31, 2006" = "01-31-2006"). If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages.

Sign and date the form. Then, send the completed form and any attachments to the address in Section 8.

SECTION 5: DEFINITIONS

- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The **holder** of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the U.S. Department of Education (the Department). The holder of a borrower's Direct Loan Program loan(s) is the Department.
- **Loan discharge** due to false certification of ability to benefit cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program or Direct Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. For consolidation loans, only the amount of the underlying loans (the loans that were consolidated) that were used to pay for the program of study listed in Item 6 will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The **student** refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- **Program of study** means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- **Third party** refers to any entity that may provide reimbursement for a refund owed by the school, such as a tuition recovery program or performance bond.

SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON FALSE CERTIFICATION (DISQUALIFYING STATUS)

- I received FFEL Program or Direct Loan Program loan funds on or after January 1, 1986, to attend (or, if I am a PLUS borrower, for the student to attend) the school identified in Section 2 of this form. Those funds were either received by me directly, or applied as a credit to the amount owed to the school.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on false certification of ability to benefit, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked, if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made on this form or on any accompanying documents.
- I further understand that if my loan(s) is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amounts discharged by the Department on my loan(s).

SECTION 7: IMPORTANT NOTICES

Privacy Act Disclosure Notice: The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are 428(b)(2)(A) *et seq.* and 451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authority for collecting and using your Social Security Number (SSN) is 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL Program and/or Direct Loan Program, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect on your loan(s) if your loan(s) becomes delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed to third parties as authorized under routine uses in the appropriate systems of records. The routine uses of this information include its disclosure to federal, state, or local agencies, to other federal agencies under computer matching programs, to agencies that we authorize to assist us in administering our loan programs, to private parties such as relatives, present and former employers, business and personal associates, to credit bureau organizations, to financial and educational institutions, to guaranty agencies, and to contractors in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to counsel you in repayment efforts, to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, to provide default rate calculations, to provide financial aid history information, to assist program administrators with tracking refunds and cancellations, or to provide a standardized method for educational institutions efficiently to submit student enrollment status.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this application, please write to:** U.S. Department of Education, Washington, DC 20202-4651.

If you have questions regarding the status of your individual submission of this application, contact your loan holder (see Section 8).

SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

Send the completed loan discharge application and any attachments to:
(If no address is shown, return to your loan holder.)

If you need help completing this form, call: