

U.S. Department of Education

Financial Disclosure Statement

To evaluate a hardship claim, the U.S. Department of Education (the Department) compares the expenses you claim and support against averages spent for those similar expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the Internal Revenue Service (IRS) from different government studies. You can find the average expense amount that the Department uses at the following Web site: www.irs.gov and then search for “Collection Financial Standards.”

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of expenses.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Disclose and provide documentation of household income.**
- Failure to provide this information and documentation may result in a denial of your claim of financial hardship.

Income

Your Name: _____ **Your Social Security No.:** _____

Address: _____

 _____ **Phone:** _____
 _____ **Country:** _____

Current Employer: _____ **Date** _____ **Employed:** _____

Employer Phone: _____ **Present Position:** _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND
 COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Number of dependents: _____ (including yourself)

Marital status: Married Single Divorced

Your spouse's name: _____ **Spouse's SSN:** _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND
 COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other household members(s) with income: _____ SSN: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

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COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other Income

Child support: \$ _____ Weekly Bi-Weekly Monthly Other

Alimony: \$ _____ Weekly Bi-Weekly Monthly Other

Interest: \$ _____ Weekly Bi-Weekly Monthly Other

Public assistance: \$ _____ Weekly Bi-Weekly Monthly Other

Other: \$ _____ Describe: _____

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
401K:	_____	_____
Retirement:	_____	_____
Union Dues:	_____	_____
Medical:	_____	_____
Credit Union:	_____	_____
Other:	_____	_____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE)

Rent/Mortgage: \$ _____ Paid to whom: _____

2nd home mortgage: \$ _____ Paid to whom: _____

Home/Renter insurance: \$ _____

Other: \$ _____ Describe: _____

Food and Household

Expenses: \$ _____

Clothing: \$ _____

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____

Gas: \$ _____

Water/Sewer: \$ _____

Garbage pickup: \$ _____

Basic telephone: \$ _____

Other: \$ _____ Describe: _____

Medical (SEND COPIES OF BILLS)

Insurance \$ _____/per month

(Only list payments not deducted from paycheck)

Bill payments \$ _____/per month

(Only list payments not covered by insurance)

Other: \$ _____/per month

Describe: _____

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

Of cars _____

1st Car payment: \$ _____/per month

2nd Car payment: \$ _____/per month

Gas and oil: \$ _____/per month

Public transportation: \$ _____/per month

Car insurance: \$ _____/per month

Other: \$ _____ Describe: _____

Child Care (SEND COPIES OF BILLS)

Child care: \$ _____/per month Number of children: _____

Child support: \$ _____/per month Number of children: _____

Other: \$ _____/per month Describe: _____

Other Insurance: \$ _____ Describe: _____

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Based on this Statement, I think I can afford to pay \$ _____ per month

I declare under penalty of law that the answers and statements contained herein are true and correct.

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 materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both”

Complete, sign, and return the requested information and documentation to:

US DEPARTMENT OF EDUCATION
PO BOX 5227
GREENVILLE TX 75403-5227

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. 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 employees, 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 for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.

Action Financial Services, LLC
dba AFCS, LLC in Connecticut,
Delaware, Iowa, Michigan, Texas & Washington
P.O. Box 3250, Central Point, OR 97502

Third Party Authorization Form

Name: _____ Date: _____

Account Number or SSN _____

I hereby authorize _____ as someone that Action Financial Services and/or a subcontractor office, may speak with regarding my student loan account. This authorization will remain in effect, unless revoked by me verbally or in writing, or revoked by the authorized third party verbally or in writing, for as long as my account remains with Action Financial Services or one of their subcontractors.

I understand that important information such as payment options and repayment program requirements may be discussed with the authorized third party and that it is my responsibility to communicate with the 3rd party to make sure I receive the information in a timely fashion. I understand that failure to do so may cause issues with my payments, return of required documents or completion of any voluntary payment program I participate in.

Borrower Name (Please print): _____

Borrower Signature: _____

Authorized Third Party Name (Please print): _____

Authorized Third Party Phone Number: _____

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.