

U.S. Department of Education Financial Disclosure Statement

To evaluate a hardship claim, ED compares the expenses you claim and support against averages spent for those expenses by families of the same size and income as yours. ED 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 IRS from different government studies. You can find the average expense amount that the Department uses at this website: <http://www.ed.gov/offices/OSFAP/DCS>, then select "Administrative Wage Garnishment," and then select "COLLECTION FINANCIAL STANDARDS."

Provide complete information about your family income, expenses, and assets.

- **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. **You must submit proof of Childcare/Other Caregiver expenses, in order to receive full credit for claimed caregiver cost. To obtain the form, contact Customer Service at: 1-800-621-3115 or go to ED website at: <http://www.ed.gov/offices/OSFAP/DCS>, then select "forms," then Declaration of Caregiver Services.**
- **Provide documentation of all sources of income.** You must submit two (2) most recent pay stubs for yourself, spouse, and all sources of income in your household. You may submit last year's W-2's and 1040 Income Tax Filing as proof of household income. Failure to provide this information may result in a denial of your claim of financial hardship.

Income

Name: _____ Social Security No.: _____

Address: _____

Phone: _____

County: _____

Current Employer: _____ Date Employed: _____

Employer Phone: _____ Present Position: _____

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

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

***ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS ***

ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Number of dependents: _____ (Including yourself) Marital status: Married Single Divorced

Spouse's name: _____ Spouse's SSN: _____

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

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

***ENCLOSE A COPY OF THE TWO MOST RECENT PAY STUBS ***

ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Other contributing residents: _____ SSN: _____
 Gross Income: \$ _____ Weekly _____ Bi Weekly _____ Monthly _____ Other _____
 Net Income: \$ _____ Weekly _____ Bi Weekly _____ Monthly _____ Other _____

*****ENCLOSE A COPY OF THE TWO MOST RECENT PAY STUBS *****
*****ENCLOSE LAST YEAR'S 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 State and Explain Amounts Deducted from your pay on pay-stubs:

Life Insurance \$ _____
 Medical & Dental Insurance: \$ _____
 401k: \$ _____
 Retirement \$ _____
 Child Support: \$ _____
 Garnishment: \$ _____
 Other: \$ _____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE, *INSURANCE, MAINTENANCE PAYMENTS*)
 Rent/Mortgage: \$ _____ Paid to whom: _____

 2nd home mortgage: \$ _____ Paid to whom: _____
 Home insurance: \$ _____ Paid to whom: _____
 Maintenance: \$ _____ Paid to whom: _____
 Other: \$ _____ Describe: _____

Household expenses

Food Expenses: \$ _____ (Monthly)
 Housekeeping Supplies: \$ _____ (Monthly)

 Clothing & Cleaning: \$ _____ (Monthly)
 Personal Care Services and Expenses: \$ _____ (Monthly)

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____	Gas: \$ _____
Water/Sewer \$ _____	Garbage pickup: \$ _____
Basic telephone: \$ _____	Other: \$ _____
Describe: _____	

Medical (SEND COPIES OF BILLS)

Insurance Premiums \$ _____ /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)

Number of cars _____

1 st Car payment:	\$ _____ /per month	2ndCar payment:	\$ _____ /per month
Gas and oil:	\$ _____ /per month	Public transportation:	\$ _____ /per month
Car insurance:	\$ _____ /per month	Parking:	\$ _____ /per month
Other:	\$ _____ Describe: _____		

Child Care (SEND COPIES OF BILLS, COURT ORDERS, CONTRACTS, DECLARATION OF CAREGIVER SERVICES)

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

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

Other Insurance: \$ _____ /per month
Describe: _____

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, 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 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 to:

U. S. DEPARTMENT OF EDUCATION
PO BOX 5609
GREENVILLE, TX 75403-5609

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 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 the Federal Register of June 4, 1999, Vol. 64, p. 30166, revised Dec. 27, 1999, Vol. 64, p. 72407. We will send a copy at your request.

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