FINANCIAL DISCLOSURE FOR REASONABLE AND AFFORDABLE REHABILITATION PAYMENTS

RAP

William D. Ford Federal Direct Loan (Direct Loan) Program
Federal Family Education Loan (FFEL) Program

OMB No. 1845-0120
Form Approved
Exp. Date 03/31/2017

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that 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.

☐ **Check this box if any of your information has changed.**

SSN ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Name _____
Address _____
City, State, Zip _____
Telephone – Primary (_____) _____ - _____
Telephone – Alternate (_____) _____ - _____
E-mail (optional) _____

SECTION 2: HOUSEHOLD INCOME AND REASONABLE AND NECESSARY MONTHLY EXPENSES

You have received this form because you requested the opportunity to rehabilitate your defaulted Direct Loan(s) and/or FFEL Program Loan(s) and objected to the monthly payment amount your loan holder calculated using the 15 percent formula (15% of the amount by which your Adjusted Gross Income exceeds 150% of the poverty guideline amount applicable to your family size and state, divided by 12). **Before completing this section, carefully read the entire form, including the instructions and definitions in Sections 5, 6, and 7**. Your loan holder will use the information you provide on this form to determine an alternative reasonable and affordable monthly payment amount. If you want to rehabilitate your defaulted loan(s) you must choose to make qualifying payments in either the payment amount calculated using the 15 percent formula or the alternative payment amount determined based on the information you provide on this form. Once you choose the payment amount you want to make you must make 9 on-time payments of that amount over the next 10 months.

Provide the **monthly** income and expense information listed below. Do not include documentation of these sources of income or expenses unless requested to do so by your loan holder. Do not include your spouse's income if your spouse does not contribute to your household income. Your loan holder has the authority to determine if the claimed amount of any expense is reasonable and necessary.

MONTHLY INCOME

1. Your employment income : $_____
2. Spouse's employment income : $_____
3. Child support payments received: $_____
4. Social Security benefits: $_____
5. Worker's compensation: $_____
6. Public assistance: $_____
   List type(s): _____
7. Other income: $_____
   Describe: _____
8. **Total Monthly Income: $_____**
   (Sum of items 1 through 7)

MONTHLY EXPENSES

9. Food: $_____
10. Housing: $_____
11. Utilities: $_____
12. Basic communication: $_____
13. Necessary medical and dental: $_____
14. Necessary insurance: $_____
15. Transportation: $_____
16. Dependent care: $_____
17. Required child support / spousal support: $_____
18. Federal student loan payments: $_____
19. Private student loan payments: $_____
20. Other expenses: $_____
    Describe: _____
21. **Total Monthly Expenses: $_____**
    (Sum of items 9 through 20)

Borrower Name _____ **Borrower SSN:** ___ ___ ___ - ___ ___ - ___ ___ ___ ___

SECTION 3: FAMILY SIZE, ADJUSTED GROSS INCOME, AND SPOUSAL IDENTIFICATION

Before completing this section, carefully read the entire form, including the instructions and definitions in Sections 5, 6, and 7.

1. Your family size: _____

   (Note: Your family size includes you, your spouse, and your children (including unborn children who will be born before the end of the calendar year), if the children will receive more than half their support from you. Your family size includes other people only if they live with you now, receive more than half their support from you now, and will continue to receive this support from you for the year for which you are certifying your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.)

2. Adjusted Gross Income (AGI) amount reported on your most recent IRS tax filing: $_____[**Optional**]

   (Note: AGI is used to determine a reasonable and affordable rehabilitation payment amount using the 15 percent formula. You have the option to report AGI on this form in case you decide to accept the monthly payment amount determined using the 15 percent formula, rather than the monthly payment amount determined using the income and expense information you provided on this form. If you choose the payment amount determined using the 15 percent formula, you will be required to submit documentation of your AGI to your loan holder.)

3. Spouse's Name: _____ 4. Spouse's SSN: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

   (Note: Your spouse's name and Social Security Number are only required if you are requesting rehabilitation of a Direct Consolidation Loan or Federal Consolidation Loan that was made jointly to you and your spouse)

SECTION 4: UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION

Before completing this section, carefully read the entire form, including the instructions and definitions in Sections 5, 6, and 7.

- **I understand that:**
  1. I have received this form because I requested the opportunity to rehabilitate my defaulted Direct Loan(s) and/or FFEL Program Loan(s) and objected to the reasonable and affordable monthly payment amount calculated using the 15 percent formula.
  2. My loan holder will calculate an alternative reasonable and affordable monthly payment amount that will be based solely on the information I provide on this form and, if requested, supporting documentation.
  3. If I do not accept the monthly payment amount calculated using either the 15 percent formula or based on the income and expenses information I provide on this form, the loan rehabilitation process cannot proceed and I will be required to repay my defaulted loans with payment amounts determined by my loan holder in accordance with the terms of the loan and applicable law.
  4. If I do not provide any supporting documentation requested by my loan holder by the deadline specified by my loan holder, my request for loan rehabilitation will not be considered any further.
  5. If I have a defaulted Direct Consolidation Loan or Federal Consolidation Loan that was made jointly to me and my spouse, both borrowers must request a reasonable and affordable payment rehabilitation payment determination, and our signatures below serve as that request.
  6. If I previously rehabilitated a defaulted loan on or after August 14, 2008, I may not rehabilitate that same loan if I default on that loan again.
- **I certify that:**
  1. The information that I have provided on this form is true and correct.
  2. Upon request, I will provide additional documentation to my loan holder to support the information I have provided in this form.
- **I authorize** the loan holder to which I submit this request (and its agents or contractors) to contact me regarding my request or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Spouse's Signature _____ **Date** _____
(If you entered spousal identification information in Section 3)

Borrower Signature _____ **Date** _____

SECTION 5: INSTRUCTIONS

- If you are not completing this form electronically, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: January 31, 2013 = 01-31-2013. Include your name and account number(s) for your defaulted loan(s) on any documentation that you are required to submit with this form. If you need help completing this form, contact your loan holder(s).
  Return the completed form to the address shown in Section 8.
- **Monthly Income in Section 2 (Items 1 – 7).**
  Your loan holder(s) may request supporting documentation for any income items:
  Employment income documentation may include a pay stub or a letter from the employer stating the income from that employer.
  Child support, Social Security benefit, worker's compensation or public assistance documentation may include copies of benefits checks or a benefits statement, a letter from a court, a governmental body, or the individual paying child support, specifying the amount of the benefit.
  - **Public assistance:** Identify the type of public assistance received (See definition of "public assistance" in Section 6).
  - **Other income:** Include any other income not covered in items 1-6 and identify the source of the income.
- **Monthly Expenses in Section 2 (Items 9-20).**
  Your loan holder(s) may request supporting documentation for any of these items. Do not include a single expense in more than one category. If you have no expenses under a category, enter 0 for that category.
  - **Food:** Include the amount spent on food, even if purchased using the Supplemental Nutrition Assistance Program (SNAP) (food stamps).
  - **Housing:** Include the amount spent on housing and shelter, such as rent, required security deposits, and mortgage payments (including principal, interest, taxes, and homeowner's insurance).
  - **Utilities**: Include the amount spent on housing-related utility bills, such as gas, electric, water, sewer, trash, and recycling.
  - **Basic communication:** Include the amount spent on basic communication expenses, such as basic telephone and internet expenses.
  - **Medical and dental:** Include the amount spent on necessary medical and dental costs, such as medically necessary prescription and nonprescription medication, and medically necessary nutritional supplements. Do not include any costs relating to medical or dental insurance premium payments.
  - **Insurance:** Include the amount spent on insurance, such as necessary renter's, auto, medical, dental, or life insurance. Include any amounts paid toward insurance premiums, but do not include any amount that is deducted from your paycheck and reflected in the amount of income you listed under Monthly Income. Include homeowner's insurance under Item 10 (Housing).
  - **Transportation:** Include the amount spent on basic transportation expenses such as gas, car loans, basic vehicle maintenance, and public transportation.
  - **Dependent care:** Include the amount spent on care for children or other dependents in the household and other work-related expenses.
  - **Legally required child support/spousal support** Include the amount spent on legally required child support and spousal support.
  - **Federal student loan payments:** Include the total monthly amount paid on any federal student loan(s), except the defaulted loans you are trying to rehabilitate unless you are subject to mandatory withholding such as wage garnishment or Treasury offset (i.e., your Social Security is being garnished). If you are subject to wage garnishment or Treasury offset include the amount that is collected from you monthly. (Include the amount of any payment, voluntary or otherwise.
  - **Private student loan payments:** Include the total monthly amount paid on any private student loan(s). Include any type of payment, voluntary or otherwise.
  - **Other expenses:** Include the amount spent on any other necessary expenses not covered in items 9 - 19 and explain these expenses. These other expenses will be considered only if the Department of Education determines that they should be considered.

SECTION 6: DEFINITIONS

- The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.
- **Rehabilitation** of your defaulted loan occurs only after you have made 9 voluntary, reasonable and affordable monthly payments within 20 days of the due date during 10 consecutive months and, for FFEL loans, when the loan has been sold to an eligible lender. When you rehabilitate your loans, you will regain all the benefits of the Direct Loan Program or FFEL Program, including eligibility for deferments or forbearances and eligibility for a repayment plan with a monthly payment amount based on your income. You will also regain eligibility to receive additional Federal student aid, including additional Federal student loans. After a defaulted loan is rehabilitated, your loan holder will instruct any consumer reporting agency to which the default was reported to remove the default from your credit history.
- **Reasonable and affordable payment amount** means a monthly payment that is based either on the 15 percent formula or on information provided in this form and supporting documentation. It cannot be a percentage of your total loan balance or based on information unrelated to your total financial circumstances.
- The **15 percent formula** means fifteen percent of the amount by which your Adjusted Gross Income exceeds 150% of the poverty guideline amount that is applicable to your family size and state, divided by 12. Your minimum payment may not be less than $5.00.
- The **loan holder** of a defaulted Direct Loan Program loan(s) is the U.S. Department of Education (the Department). The loan holder of a defaulted FFEL Program loan(s) may be a guaranty agency or the Department.
- **Public assistance** means payments you receive under a federal or state program. These assistance programs include, but are not limited to, Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Food Stamps/Supplemental Nutritional Assistance Program (SNAP), or state general public assistance.

SECTION 7: LOAN REHABILITATION AGREEMENT

- To rehabilitate your loan, you must accept either the monthly rehabilitation payment amount determined using the 15 percent formula, or the amount determined based on the monthly income, monthly expenses, and family size information that you provide on this form and on any requested supporting documentation.
- Your loan holder will provide you with a written loan rehabilitation agreement confirming your monthly rehabilitation payment amount.
- To accept the loan rehabilitation agreement, you must sign the agreement and return it to your loan holder.
- During the loan rehabilitation period, the loan holder will limit contact with you on the loan being rehabilitated to collection activities that are required by law or regulation, and to communication that supports the rehabilitation.
- If you do not accept either monthly payment amount, your rehabilitation request will not be considered any further.

SECTION 8: WHERE TO SEND THE COMPLETED FINANCIAL DISCLOSURE FORM

Return the completed form and any required documentation to Collection Technology, Inc. (CTi) by:

Mail: CTi, P.O. Box 2036, Monterey Park, CA 91754; or
Fax: (909) 291-6211;
Email: ED.mail@mailtocti.com

If you need help completing this form, call:

Collection Technology, Inc. (CTi) at (800) 620-4284

SECTION 9: IMPORTANT NOTICES

Privacy Act 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 §421 *et seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 *et seq.* and 20 U.S.C. 1087a *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). 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 and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) becomes delinquent or defaults. 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, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies 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 enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

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 be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. 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 such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.0 hours (60 minutes) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the information collection. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 682.405 or 685.211. Send comments regarding the burden estimate(s) or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20210-4537 or e-mail ICDocketMgr@ed.gov and reference OMB Control Number 1845-0120. **Note: Please do not return the completed form to this address.**

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

Financial Disclosure for Reasonable and Affordable Rehabilitation Guidelines

Please refer to these instructions and guidelines in order to assist you complete the enclosed *Financial Disclosure for Reasonable and Affordable Rehabilitation Payments* form. These instructions and guidelines explain what kind of supporting documentation of income and/or expenses is required to be submitted with the completed form.

SECTION 1: BORROWER IDENTIFICATION	
Complete all applicable fields in this section.	
SECTION 2: HOUSEHOLD INCOME AND REASONABLE AND NECESSARY MONTHLY EXPENSES (Include income documents for your spouse if you are married and living together)	
Monthly Income Field	**Please submit the following supporting documentation.**

1. Your Employment Income	Choose one (1) to submit:
	• Signed copy of your Federal 1040 tax return (both pages) or a tax transcript form provided by the IRS; for either of the two previous tax years: (enter monthly average of AGI minus taxes owed)
	• Copies of your most recent W2 or two (2) most recent consecutive pay stubs (they must be dated within the past 90 days).
	  ○ Income to enter in calculator is monthly gross income minus all taxes (federal, state, local, Social Security and Medicare). Other mandatory deductions must be entered in their respective "expense" category later in the calculator.
	• Spouse's income is required if you are married and live you're your spouse.
	  ○ If you or spouse cannot show proof of income provide cancelled checks, receipts or a signed statement.
	• If you are self-employed, provide either the most recent 1040 tax return or 1040-ES worksheet, minus the total estimated tax.

2. Spouse's Employment Income *If you are living together, your spouse's income information is required	
3. Child Support Payments Received	A copy of your divorce decree, support order (preferred), benefit checks, letter from a court or individual paying child support. • If these are not available, or you are not receiving the full amount ordered, provide a written statement explaining how much you are receiving.
4. Social Security Benefits Received	A copy of you or your spouse's benefit statement, benefits checks, or award letter from the Social Security Administration. • If these are not available, a copy of a bank statement showing the amount deposited.
5. Worker's Compensation	Copies of you or your spouse's pay stub, benefit check, or benefit letter (no older than 90 days).
6. Public Assistance	A copy of you or your spouse's award letter. Identify the type of public assistance received.
7. Other Income	Any documentation showing the source and amount (exclude other household income not from you or your spouse). For no income or if you or your spouse is supported by family/other, you or your spouse can provide a signed statement explain the situation.
Monthly Expense Field	**Please submit the following supporting documentation.**
9. Food	No supporting documentation of expenses is required. (IRS standard includes food, clothing, housekeeping, personal care, miscellaneous)
10. Housing	If you live in the continental U.S. (including Puerto Rico):

11. Utilities	• No supporting documentation of expense is required. (IRS standard combines housing, utilities and basic communication.) You will be allowed the lower of the IRS standard or what you claim. If you live outside the U.S.: • Copies of a mortgage statement or rental agreement, home/renters insurance bills, lease, escrow or association dues, utility bills, and basic communication bills (internet, phone, basic cable, etc.). You will be allowed your actual expenses.
12. Basic Communication	
13. Necessary Medical and Dental	None required if you spend less than $54/month per person in your family. If you spend more than $54/month per person in your family: • Copies of cashed/canceled checks and/or receipts, statements of what you actually spend on necessary medical and dental costs, such as medically necessary prescription and nonprescription medication, and medically necessary nutritional supplements. Do not include any costs relating to medical or dental insurance premium payments. ○ You will be allowed *higher* of standard or documented actual. Providing only a bill showing a total amount owed is not acceptable.

14. Necessary Insurance	Copies of your insurance statements such as necessary medical, dental, or health insurance premium statement (either pay stub or proof of monthly premium amount being paid). • Do not include auto insurance here (include in the transportation expense) • Do not include homeowners or rental insurance here (include in the housing) • Life insurance is not allowable unless you provide proof it is required by court order.
15. Transportation	If you live in the continental U.S. (including Puerto Rico), submit: • A written statement indicating the number of cars that you own, to justify the number of cars claimed; • Copies of public transportation receipt(s) with a written statement indicating the frequency of use; or • No documentation required if you do not own a car or do not have transportation expense. If you live outside the U.S. submit documents showing car payments, auto insurance, gas/oil, maintenance, and car registration.

16. Dependent Care	Provide two most recent receipts/canceled checks (dated within past 90 days).
	Provide tuition statements, a letter, receipts, or canceled checks payable to your daycare/dependent care provider.
	• If you pay cash to daycare provider a written statement from the day care provider or an invoice/bill is acceptable
	  ○ You will be allowed documented actual
	• Also include mandatory work-related expenses or deductions, or court-ordered dependent expenses:
	  ○ Retirement contributions (do not include voluntary Thrift, 401k or IRA allotments)
	  ○ Garnishments for taxes (you must provide proof of garnishment source)
	  ▪ Do not include other garnishments.
	Only include private school tuition if it is court ordered (include a copy of the court order).

17. Required Child Support	Submit a copy of your divorce decree, support order, court order, cashed checks, canceled checks, or pay stub if the support amount is deducted from your payroll. ○ If these are not available provide a written statement explaining how much you are paying.
18. Federal Student Loan Payments	Submit a current billing statement showing amount owed and pay frequency (less than 90 days old). • If ED or another entity is currently garnishing you for student loans then the average monthly AWG payment can be included. If the paystub is not clear what the garnishment is for you will have to supply proof. • Spouse's student loan debt can be included.
19. Private Student Loan Payments	Submit you or your spouse's current billing statement showing amount owed and pay frequency (less than 90 days old).
20. Other Expenses	No supporting documentation of expense required.
SECTION 3: FAMILY SIZE, ADJUSTED GROSS INCOME, AND SPOUSAL IDENTIFICATION	
1. Family Size	Family size entered on the form or tax documents, if provided. • If the family size on the documents provided is different than what is entered onto the FIS, a letter, signed by you (borrower), attesting to family size of which explain any special circumstances or inconsistencies in information regarding family size.
2. Adjusted Gross Income (AGI) [Optional]	None required. This can be blank. (optional)
3. Spouse's Name [Optional]	None required. This can be blank.
4. Spouse's SSN [Optional]	None required. This can be blank.
SECTION 4: UNDERSTANDINGS, CERTIFICATIONS, AND AUTHORIZATION	
Spouse's Signature and Date	None required. This can be blank.
Borrower Signature and Date	Signature and date required.
INSTRUCTIONS FOR RETURNING FORM	
Please complete, sign, and return the *Financial Disclosure for Reasonable and Affordable Rehabilitation Payments* form by email to ED.mail@mailtocti.com; **or** fax to (909) 291-6211; or mail to: CTi, P.O. Box 2300, Rancho Cucamonga, CA 91729. Please call us at (800) 620-4284 if you have any questions or need any assistance with this form. Our hours of operation are Monday through Thursday 7:00 a.m. to 6:00 p.m. (PST) and Friday 6:00 a.m. to 4:00 p.m. (PST).	

This is a communication from a debt collector attempting to collect a debt.
Any information obtained will be used for that purpose.