



# LOAN DISCHARGE APPLICATION: FALSE CERTIFICATION OF ABILITY TO BENEFIT

OMB No. 1845-0015  
Form Approved  
Exp. Date 01/31/2002

## 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 shall 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

If information has been preprinted but is incorrect, please correct and check this box:  If any of the items below were not preprinted, please provide the requested information.

SSN  -  -

Name

Address

City, State, Zip

Telephone - Home (  )

Telephone - Other (  )

### SECTION 2: STUDENT INFORMATION

Before answering any questions, carefully read the entire form, including the instructions and other information on the following page. If you are a parent applying for discharge of a PLUS loan, begin with Question 1; if you are a student, begin with Question 3.

1. Student's name (last, first, MI):

2. Student's SSN:  -  -

3. Name/address (street, city, state, zip) of school:

4. Dates of attendance: From  -  -  To  -  -

5. Name of the program of study that you (or, for PLUS borrowers, the student) were enrolled in:

6. Did you (or, for PLUS borrowers, the student) have a high school diploma or GED at the time you or the student enrolled at the school?  
 Yes  No

7. Did you (or, for PLUS borrowers, the student) receive a GED before completing the program of study at the school?  
 Yes Date:  -  -   No

8. Before you (or, for PLUS borrowers, the student) were admitted to the school, did the school give any kind of entrance examination to test the ability of you (or, for PLUS borrowers, the student) to benefit from the program of study listed in Question 5?

Yes  No  Don't Know If No or Don't Know, go to Question 9.

Give the date of the test if you know it:  Give the name of the test if you know it:  Give the score on the test if you know it:

-  -

Did anything appear improper about the way the test was given or scored?

Yes  No  Don't Know If Yes, explain your answer in detail, and provide the name, telephone number and address of anyone who can support your statement:

9. Did you (or, for PLUS borrowers, the student) complete a developmental or remedial program at the school?

Yes  No  Don't Know If Yes, describe the program:

10. Did you (or, for PLUS borrowers, the student) receive any money from the school?  Yes  No  Don't Know

If Yes, give the amount and explain:

11. Did the holder of your loan receive any money from the school on your behalf?  Yes  No  Don't Know

If Yes, give the amount and explain:

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

Name/address/telephone number of party with whom claim was made or from whom payment was received:

Amount/status of claim:  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 FORM**

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 1, 1999" = "01-01-1999"). If you need more space to answer any of the questions, continue on separate sheets of paper attached to this form. Indicate the number of the question(s) you are answering and include your name and social security number (SSN) on all attached pages.

**Return the completed form and any attachments to the address shown in Section 8 at the bottom of this page.**

#### **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 outstanding principal, accrued interest, collection costs, and late fees 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. A loan discharge is also reported to credit bureaus to remove any adverse credit history associated with 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 the student were enrolled.

#### **SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON FALSE CERTIFICATION OF ABILITY TO BENEFIT**

- 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 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 we disclose to you the following information:

The authorities for collecting this information are §428(b)(2)(A) *et seq.* and §451 *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. §1078(b)(2)(a) *et seq.* and §1087a *et seq.*). The principal purpose for collecting this information is to determine whether you are eligible for a discharge of your loan(s) under the Federal Family Education Loan (FFEL) Program and/or the William D. Ford Federal Direct Loan (Direct Loan) Program.

We ask that you provide the information requested on this loan discharge form on a voluntary basis. However, you must provide all of the requested information so that the holder(s) of your loan(s) can determine whether you qualify for a loan discharge.

The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, *Federal Register*, Vol. 59, p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, *Federal Register*, Vol. 59, p. 65532). Thus, this information may be disclosed to parties that we authorize to assist us in administering the federal student aid programs, including contractors that are required to maintain safeguards under the Privacy Act. Disclosures may also be made for verification of information, determination of eligibility, enforcement of conditions of the loan or grant, debt collection, and the prevention of fraud, waste, and abuse and these disclosures may be made through computer matching programs with other federal agencies. Disclosures may be made to determine the feasibility of entering into computer matching agreements. We may send information to members of Congress if you ask them in writing to help you with federal student aid questions. If we are involved in litigation, we may send information to the Department of Justice (DOJ), a court, adjudicative body, counsel, or witness if the disclosure is related to financial aid and certain other conditions are met. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for consideration of action and we may disclose to DOJ to get its advice related to the Title IV, HEA programs or questions under the Freedom of Information Act. Disclosures may be made to qualified researchers under Privacy Act safeguards. In some circumstances involving employment decisions, grievances, or complaints or involving decisions regarding the letting of a contract or making of a grant, license, or other benefit, we may send information to an appropriate authority. In limited circumstances, we may disclose to a Federal labor organization recognized under 5 U.S.C. Chapter 71.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. §1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

**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 form, please write to:** U.S. Department of Education, Washington, DC 20202-4651

If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown below.

#### **SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION**

**Return 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:**