



Date: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Borrower:

This notice about your student debt is from General Revenue Corporation. Please complete all information on this form and return, with any attachments, in the enclosed envelope. To speak with one of our counselors call us toll-free at 1-800-234-1472.

You are not required to provide this information. However, if you do not provide this information, we cannot set an installment payment that fits your current financial circumstances. This information will be used to evaluate your ability to pay. Your Social Security Number (SSN) is used to verify your identity and ensure that data about your loan may be recorded accurately.

#### Statement of Financial Account

Your SSN: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Your Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Spouse's  
Employer: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Other Income \_\_\_\_\_

#### Liabilities

Monthly Payments:

Rent/Mortgage \_\_\_\_\_ Car Payment \_\_\_\_\_

Food: \_\_\_\_\_ Utilities: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Cable/Internet \_\_\_\_\_

Medical \_\_\_\_\_ Insurance: \_\_\_\_\_

Transportation: \_\_\_\_\_ Alimony/Child Support: \_\_\_\_\_

Other Creditors: \_\_\_\_\_

Proposed Monthly Payment: \_\_\_\_\_ Number of dependants \_\_\_\_\_

I declare that the answers and statements contained herein are to the best of my knowledge and belief, true, correct and complete.

Signature: \_\_\_\_\_ Date \_\_\_\_\_