



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: _____