

Direct Loans

William D. Ford Federal Direct Loan Program

Repayment Plan Selection

William D. Ford Federal Direct Loan Program

Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford

Loans, Federal Direct PLUS Loans, Federal Direct Consolidation Loans

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

OMB No. 1845-0014
Form Approved
Exp. Date 11/30/2004

Instructions

Read the enclosed information carefully to understand your repayment options and then complete this form to select a repayment plan or to change your previous repayment plan. If you need help completing this form, call the Consolidation Department at the number shown in Section 5 on the back of this form. **Return the completed form to the address shown in Section 5.**

Section 1: Identifying Information – to be completed by ALL BORROWERS

Name (please print): _____

Social Security Number: _____

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Section 2: Repayment Plan Selection – to be completed by ALL BORROWERS

Place an "X" in the box under the repayment plan that you wish to select for each loan type. The enclosed information describes each of the repayment plans. You must repay all of your Direct Loans together under the same repayment plan. However, if you have both Student Loans and Parent Loans, you may repay your Parent Loans together under a different plan. **You may not repay Parent Loans under the Income Contingent Repayment (ICR) Plan.**

	Standard	Extended	Graduated	Income Contingent
STUDENT LOANS Direct Subsidized and Unsubsidized Loans; Direct Subsidized and Unsubsidized Consolidation Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENT LOANS Direct PLUS Loans; Direct PLUS Consolidation Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>Not Available</div>

Section 3: Spouse Information – to be completed by SOME MARRIED BORROWERS

Complete this section **only** if you are married and are (1) selecting the ICR Plan (unless you are separated from your spouse), **or** (2) selecting a repayment plan for a Direct Consolidation Loan held jointly by you and your spouse.

Spouse's Name (please print): _____

Spouse's Social Security Number: _____

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Section 4: Additional ICR Information – to be completed by BORROWERS WHO SELECT ICR

Complete this section **only** if you are selecting the ICR Plan.

Note: When you begin repaying your loan under ICR, your payment amount will be the amount of the interest that accumulates monthly on your loan until we receive your income information. If you cannot afford to make this payment, you may request a forbearance by contacting the Direct Loan Servicing Center at the number shown on your billing statements. During a forbearance, you are not required to make payments of interest or principal, but interest continues to accumulate on your loan. If you choose not to pay the interest, it will be capitalized (added to your outstanding principal balance) at the end of the forbearance. Capitalization increases your loan's principal amount and therefore, the total amount of interest you will repay on your loan.

A. Family Size. Enter your family size on the line below. Your family size number includes you and your spouse. It includes your children if they get more than half their support from you. It includes other people only if: (1) they now live with you, **and** (2) they now get more than half their support from you **and** they will continue to get this support from you. **Support** includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc. **If your family size number changes, notify the Direct Loan Servicing Center in writing at the correspondence address shown on your billing statements.**

Family Size _____

B. ICR Joint Repayment Option. If you and your spouse have both selected the ICR Plan, you may choose to repay your loans jointly. If you choose to repay jointly, place an "X" in the box below.

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I wish to repay my loan(s) jointly with my spouse under the ICR Plan.

C. Certification. Read the certification statement below, then sign and date this form. If you selected the ICR Joint Repayment Option (see "B", above), your spouse must also sign and date this form.

All of the information I provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have provided on this form.

Borrower's Signature _____ Date _____

Spouse's Signature (if required) _____ Date _____

Section 5: Where to Send the Completed Form

Return this form to:

U.S. Department of Education
Consolidation Department
Loan Origination Center
P.O. Box 242800
Louisville, KY 40224-2800

If you need help completing this form, or if you need to report a change in your address, call **1-800-557-7392**.

If you use a telecommunications device for the deaf (TDD), call **1-800-557-7395**.

Section 6: 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 authority for collecting this information is §451 et seq. of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. §1087a et seq.). The principal purpose for collecting this information is to allow you to select the method of repayment of your Direct Loan.

We ask that you provide the information requested on this Repayment Plan Selection form on a voluntary basis. However, you must provide all of the requested information that is available to you so the Department can process your request and/or perform the appropriate calculations needed to implement your selection.

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 1845-0014. The time required to complete this information collection is estimated to average 0.33 hours (20 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:**

U.S. Department of Education
Consolidation Department
Loan Origination Center
P.O. Box 242800
Louisville, KY 40224-2800