



2018-2019 Federal Direct Parent Plus Loan Waiver Request

Student Information

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address

Street & Number: _____ City, State, and ZIP: _____

Date of Birth: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

You have indicated due to extenuating circumstances you are unable to apply for the Federal Direct Parent PLUS Loan or were approved for the loan and are not able to repay the loan. Please complete this form in its entirety in order for professional judgment to be used to determine if your dependent can be considered for an additional Federal Direct Unsubsidized Loan.

I am unable to apply for a Federal Direct Parent Plus Loan Due to:

Please check the appropriate box and supply the appropriate documentation

I have filed for bankruptcy and cannot incur any additional debt. (*submit documentation from bankruptcy court stating that as a condition of the bankruptcy filing*)

Bankruptcy Start Date: _____ Bankruptcy End Date: _____

The parent(s) receives only public assistance – no other income

The parent(s) receives only disability benefits – no other income

I applied for the Parent PLUS Loan and was approved, but I cannot afford to repay the loan. (*complete Debt to Income worksheet below*)

Undocumented Parents

Other: _____

DEBT TO INCOME RATIO WORKSHEET

(Complete this section only if you applied for a PLUS Loan and were approved & you feel you cannot repay the loan)

| Item | Monthly Debt |
|--|--------------|
| Rent/Mortgage | |
| Property Taxes | |
| Homeowner's/Renter' Insurance | |
| Car Loan #1 | |
| Car Loan #2 | |
| Student/Parent PLUS loan payment | |
| Minimum Credit Card Payments: ¹ | |
| Alimony/Child Payments | |
| Other Installment loan payments | |
| Total Monthly Debt: | |

| Item | Monthly Income |
|--------------------------------|----------------|
| First Earner Gross Wages | |
| Second Earner Gross Wages | |
| Pensions/Social Security | |
| Interest/Dividends | |
| Alimony/Child Support received | |
| Other Income | |
| Total Monthly Income | |

CERTIFICATION:

By signing this worksheet, I certify all the information reported is complete and correct:

Student Signature: _____ Date: _____

Student Name (Please Print): _____ Student ID Number: _____

Parent Signature (IF student is dependent): _____

Spouse Signature (IF Student is married): _____

Date: _____ Parent/Spouse Name (Please Print): _____

Return completed form and any other pertinent documents to:

Felician University
Office of Student Financial Services
262 South Main Street
Lodi, NJ 07644
Fax: 201-559-6025

¹ Total of all credit cards' minimum monthly payment