

This is in response to your request to establish a monthly payment plan. In order to determine a payment amount that is both affordable for you and reasonable based on the amount you owe, you must complete the following statement of financial status.

**Instructions:**

1. Complete every field on this form. If an answer is zero, write zero.
2. Include proof of your household income for both you and your spouse (two most recent pay stubs and federal income tax returns), and proof of your expenses (such as copies of monthly bills).
3. Do not include monthly payments on credit cards if the items purchased by that credit card fit under an expense category listed here. Include those costs under that expense category. For example, payments required on department store credit cards used to purchase clothing should be listed under clothing expenses.
4. If you are paying some expenses quarterly or annually, such as automobile insurance or property taxes, calculate the amount that would be due if these expenses were paid on a monthly basis and put that amount in the space provided.
5. Return the completed form to:

**College Lending Solutions  
5 Waldron Road  
Salem, NH 03079**

STATEMENT OF FINANCIAL STATUS

AMOUNT YOU ARE PROPOSING TO PAY EACH MONTH: \$ \_\_\_\_\_  
COUNTY IN WHICH YOU LIVE: \_\_\_\_\_ SSN: \_\_\_\_\_  
NAME, ADDRESS \_\_\_\_\_  
AND PHONE \_\_\_\_\_  
NUMBER OF YOUR \_\_\_\_\_  
CURRENT  
EMPLOYER(S) \_\_\_\_\_

NUMBER OF DEPENDENTS (AS DEFINED BY IRS) INCLUDING SELF:

\_\_\_\_\_ MARITAL STATUS (MARRIED, SINGLE, DIVORCED) \_\_\_\_\_  
SPOUSE'S NAME AND SSN: \_\_\_\_\_

MONTHLY INCOME:

NOTE: GROSS INCOME IS INCOME BEFORE ANY DEDUCTIONS SUCH AS TAXES.  
NET INCOME IS YOUR TAKE-HOME PAY. INCLUDE A COPY OF RECENT PAY  
STUBS.

YOUR MONTHLY INCOME GROSS \$ \_\_\_\_\_ NET \$ \_\_\_\_\_  
YOUR SPOUSE'S MONTHLY INCOME GROSS \$ \_\_\_\_\_ NET \$ \_\_\_\_\_  
OTHER CONTRIBUTING RESIDENT(S) MONTHLY INCOME NET \$ \_\_\_\_\_  
OTHER (CHILD SUPPORT, ETC. DESCRIBE \_\_\_\_\_) NET \$ \_\_\_\_\_

MONTHLY EXPENSES:

RENT/MORTGAGE (TO WHOM: \_\_\_\_\_) \$ \_\_\_\_\_  
PROPERTY TAX (TO WHOM: \_\_\_\_\_) \$ \_\_\_\_\_  
HOME INSURANCE (TO WHOM: \_\_\_\_\_) \$ \_\_\_\_\_  
FOOD \$ \_\_\_\_\_ ELECTRICITY \$ \_\_\_\_\_ WATER/SEWER \$ \_\_\_\_\_  
CLOTHING \$ \_\_\_\_\_ NATURAL GAS \$ \_\_\_\_\_ GARBAGE \$ \_\_\_\_\_  
BASIC PHONE \$ \_\_\_\_\_ CAR PYMNT 1 \$ \_\_\_\_\_ CAR PYMNT 2 \$ \_\_\_\_\_  
CAR INSURE \$ \_\_\_\_\_ PUBLIC TRAN \$ \_\_\_\_\_ GAS AND OIL \$ \_\_\_\_\_  
MEDICAL INSURANCE PAYMENTS NOT DEDUCTED FROM PAYCHECK \$ \_\_\_\_\_  
MEDICAL CO-PAYMENTS AND EXPENSES NOT COVERED BY INSURANCE  
\$ \_\_\_\_\_

CHILD CARE EXPENSES(NUMBER OF CHILDREN: \_\_\_\_\_) \$ \_\_\_\_\_

CHILD SUPPORT (NUMBER OF CHILDREN: \_\_\_\_\_) \$ \_\_\_\_\_

LIST ANY OTHER MONTHLY EXPENSES BELOW:

- 1) \_\_\_\_\_ \$ \_\_\_\_\_
- 2) \_\_\_\_\_ \$ \_\_\_\_\_
- 3) \_\_\_\_\_ \$ \_\_\_\_\_

ASSETS:

BANK ACCOUNT 1(BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
BANK ACCOUNT 2(BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
BANK ACCOUNT 3(BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
STOCKS/BONDS (BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
HOME VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_  
OTHER REAL ESTATE VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_  
CAR 1(YR,MAKE,MODEL: \_\_\_\_\_)VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_

CAR 1(YR,MAKE,MODEL: \_\_\_\_\_)VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_

PLEASE SIGN THE DECLARATION BELOW:

I DECLARE UNDER PENALTIES PROVIDED BY 18 U.S.C. SECTION 1001, THAT THE ANSWERS AND STATEMENTS CONTAINED HEREIN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WARNING:18 U.S.C. 1001 PROVIDES THAT "WHOEVER...KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION.., SHALL BE FINED NOT MORE THAN \$10,000.00, OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH".

PRIVACY ACT NOTICE THIS REQUEST IS AUTHORIZED UNDER 31 U.S.C. 3711,20 U.S.C. 1078-6,AND 20 U.S.C. 1095A.YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. IF YOU DO NOT, WE CANNOT DETERMINE YOUR FINANCIAL ABILITY TO REPAY YOUR STUDENT AID DEBT. THE INFORMATION YOU PROVIDE WILL BE USED TO EVALUATE YOUR ABILITY TO PAY. IT MAY BE DISCLOSED TO GOVERNMENT AGENCIES AND THEIR CONTRACTORS, TO EMPLOYERS, LENDERS, AND OTHERS TO ENFORCE THIS DEBT; TO THIRD PARTIES IN AUDIT, RESEARCH, OR DISPUTE ABOUT THE MANAGEMENT OF THIS DEBT; AND TO PARTIES WITH A RIGHT TO THIS INFORMATION UNDER THE FREEDOM OF INFORMATION ACT OR OTHER FEDERAL LAW OR WITH YOUR CONSENT. THESE USES ARE EXPLAINED IN NOTICE IN THE STUDENT FINANCIAL ASSISTANCE COLLECTION FILES, NO 18-11-07; WE WILL SEND A COPY AT YOUR REQUEST.