



# STUDENT LOAN QUESTIONNAIRE

## CLIENT INFORMATION

**Name:** \_\_\_\_\_  
*(First, Middle, Last)*

**Former Names (if any):**

\_\_\_\_\_  
*(First, Middle, Last)*

\_\_\_\_\_  
*(First, Middle, Last)*

\_\_\_\_\_  
*(First, Middle, Last)*

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number (SSN):** \_\_\_\_\_

**Driver's License State:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_



## FAMILY INFORMATION

### Marital Status:

Single       Married       Married, but separated       Married, but cannot access spouse's income info

If **married**, provide the following:

Spouse Name: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_

Spouse Social Security Number (SSN): \_\_\_\_\_

Does your Spouse have Federal Student Loans too?    Yes    No   Amount: \$ \_\_\_\_\_

Does your Spouse have Private Student Loans too?    Yes    No   Amount: \$ \_\_\_\_\_

### People Supported by Client:

How many children receive more than half of their support from you? \_\_\_\_\_

How many other people receive more than half of their support from you? \_\_\_\_\_  
(Do **NOT** include spouse)

**NOTE:** Family and IRS dependent status are NOT relevant.  
The only relevant factor is if child or person receives more than 50% of their support from Client.

Do your children or dependents have Federal Student Loans too?    Yes    No   Amount: \$ \_\_\_\_\_

Do your children or dependents Private Federal Student Loans too?    Yes    No   Amount: \$ \_\_\_\_\_



## EMPLOYMENT INFORMATION

**Employer Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Second Employer Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Third Employer Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_



## SPECIAL QUESTIONS FOR TEACHERS

Teachers may be eligible for special loan forgiveness programs. If you are (or were) a teacher, answer the questions below:

Are you currently (or have you been) a full-time teacher?

Yes  No

Have you taught full-time for at least five (5) consecutive, complete academic years (with at least one of those years being AFTER the 1997-98 academic year)?

Yes  No

Was your teaching service performed at an eligible school listed on the Teacher Cancellation Loan Income List? ([www.tcli.ed.gov](http://www.tcli.ed.gov))

Yes  No

Were any federal student loans originated before the end of your 5-year teaching service?

Yes  No

## SPECIAL QUESTIONS FOR GOVERNMENT AND NON-PROFIT EMPLOYEES

Employees working in the public and non-profit sectors may be eligible for special loan forgiveness programs. If you work in the public or non-profit sectors, answer the questions below:

Is your employer a governmental organization?  Yes  No

Is your employer tax-exempt under Section 501(c) (3) of the Internal Revenue Code?  Yes  No

Is your employer a not-for-profit organization?  Yes  No

Is your employer a partisan political organization?  Yes  No

Is your employer a labor union?  Yes  No

Indicate the service(s) Client's employer provides:

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency management                             | <input type="checkbox"/> Public Service for The Elderly |
| <input type="checkbox"/> Military Service                                 | <input type="checkbox"/> Public Health                  |
| <input type="checkbox"/> Public Safety                                    | <input type="checkbox"/> Public Education               |
| <input type="checkbox"/> Law Enforcement                                  | <input type="checkbox"/> Public Library Services        |
| <input type="checkbox"/> Public Interest Legal Services                   | <input type="checkbox"/> School Library Services        |
| <input type="checkbox"/> Early Childhood Education                        | <input type="checkbox"/> Other School Based Services    |
| <input type="checkbox"/> Public Service for Individuals With Disabilities | <input type="checkbox"/> None of The Above              |



## DISABILITY INFORMATION

- Are you currently disabled?  Yes  No (If No, please skip to the next page)
- Have you been declared disabled?  Yes  No
- Do you have a disability claim pending?  Yes  No

If you are disabled, describe the extent of your disability:

---

---

- Are you receiving SSDI?  Yes  No
- Are you receiving VA Disability?  Yes  No
- Are you receiving private or another form of disability?  Yes  No
- Were you disabled when you received the student loans?  Yes  No
- Are able to work for pay?  Yes  No

## SPECIAL INSTRUCTIONS REGARDING DISABILITY DISCHARGE

### Total and Permanent Disability Discharge

If you are totally and permanently disabled, this may be shown in one of three ways:

1. Documentation from the U.S. Department of Veterans Affairs (VA) showing that the VA has determined that borrower is unemployable due to a service-connected disability.
2. Certification from a physician that you are totally and permanently disabled.
3. A Social Security Administration (SSA) notice of award for SSDI or SSI benefits stating that borrower's next scheduled disability review will be within five to seven years from the date of borrower's most recent SSA disability determination. This document is called a Benefits Planning Query (**BPQY**). There are two ways to obtain copy of your BPQY:
  - a. We can obtain the **BPQY** for you. Please sign **two copies** of Form SSA-3288 Consent for Release of Information. The cost for this additional service is \$250.00.
  - b. You can get a copy of your **BPQY**:

**Step 1:** Gather one or two forms of identification that provide your date of birth and social security number (Driver's License, Photo ID, Social Security Card, etc.).

**Step 2:** Go to your local Social Security Administration office and ask for a BPQY form number SSA-2459. (We can provide a sample).

**OR**

Call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m. and ask them to mail your BPQY to you.

**Step 3:** Check to see that the information you are given says "Benefits Planning Query" and that your name is at the top.



# INCOME INFORMATION

**INSTRUCTIONS:** If annual taxable income has not decreased significantly since last tax return, enter the Adjusted Gross Income amount (AGI) from your last tax return.

*Married Filing Jointly* - enter household Adjusted Gross Income (AGI)

*Married Filing Separately* or *Head of Household* - must provide spouse's AGI

**Current Adjusted Gross Income:** \$ \_\_\_\_\_

Did AGI change significantly from last year?  Yes  No

Did actual income change significantly from last year?  Yes  No

*Married borrowers, filing separately ONLY*

Spouse's Current Adjusted Gross Income: \$ \_\_\_\_\_

Did AGI change significantly from last year?  Yes  No

Did actual income change significantly from last year?  Yes  No

**Alternative Documentation of Income**

**If your income is substantially different from the AGI on you last tax return please complete:**

**Taxable Income**

Income Type	Monthly Average Amount		Please Provide The Following Proof:
	Borrower	Spouse	
1. Employment Income	\$ _____	\$ _____	2 most recent pay stubs (Dated within past 90 days) 1040-ES worksheet if self-employed
2. Worker's Compensation	\$ _____	\$ _____	Award letter or pay stub (Dated within past 90 days)
3. Unemployment Benefits	\$ _____	\$ _____	Award letter or pay stub (Dated within past 90 days)
4. Alimony	\$ _____	\$ _____	Divorce decree
5. Other Taxable Income	\$ _____	\$ _____	Evidence of source and amount

**Non-Taxable Income**

6. Child Support	\$ _____	\$ _____	Divorce decree or Support Order
7. Social Security	\$ _____	\$ _____	Benefit statement
8. Other Non-Taxable	\$ _____	\$ _____	Evidence of source and amount

Check this box if you have no income and are entirely supported by someone other than a spouse. Please explain how you are supported in the space below and on the back if necessary: \_\_\_\_\_

\_\_\_\_\_



## STUDENT LOAN STATUS AND COLLECTION ACTIVITY

### Payment Status:

- Are you currently repaying your student loans?  Yes  No  
If yes, circle all of the repayment plans in which you are enrolled:

Standard                      Graduated Standard                      Extended                      Graduated Extended  
Income Contingent                      Income Based                      PAYE                      REPAYE  
Not Sure

- What is your total monthly payment: \$ \_\_\_\_\_
- Are you in a forbearance or deferment agreement?  Yes  No
- Are you behind on your payments?  Yes  No  
If yes, how far behind are you?  >30 days  <30 Days  <180 Days  <270 Days  Not Sure
- Are your loans been in default?  Yes  No  Not Sure

**NOTE:** Client will need to be out of default before seeking to enroll in any income driven repayment plan. Consolidation or rehabilitation can remove a borrower from default status, as might a Chapter 13 bankruptcy.

### Bankruptcy Status:

- Are you in an active bankruptcy?  Yes  No  
If yes, provide the following:

Bankruptcy Jurisdiction: \_\_\_\_\_ Case Number: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Chapter:  7  11  12  13

**NOTE:** Client will need the bankruptcy court's permission to make changes to the student loans. If not, the bankruptcy could be dismissed.

### Collection Actions:

- Are your wages being garnished?  Yes  No
- Are or have your Social Security, Veteran's or other benefits been garnished?  Yes  No
- Has your tax refund been seized?  Yes  No

**NOTE:** If Client's wages are being garnished, Client must first resolve the wage garnishment with the debt collector before proceeding. Bankruptcy automatically stays the wage garnishment.



- **Are your Federal student loans subject to a lawsuit or judgment?**  Yes  No

When were you sued? \_\_\_\_\_ Where was the lawsuit filed? \_\_\_\_\_

Who was the lawyer for the student loans? \_\_\_\_\_

Did you have a lawyer?  Yes  No Name: \_\_\_\_\_

- Is the suit still going on? **List any court deadlines and hearing dates:**

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If Client's student loan lender is suing Client or has obtained a judgment, Client must first resolve the lawsuit/judgment before proceeding. Bankruptcy automatically stays any lawsuits.

**Debt Collection**

- Has a debt collector ever contacted you about your student loans?  Yes  No
- Has any debt collector:
  - Sent you inappropriate, unfair or inaccurate letters?  Yes  No
  - Made inappropriate, unfair or inaccurate telephone calls?  Yes  No
  - Visited you personally?  Yes  No
  - Contacted anyone other than you or a co-debtor about your student loans?  Yes  No
  - Contacted you using a false name?  Yes  No
  - Threatened to sue you, garnish your wages, or damage your credit score?  Yes  No

If yes, please provide details about that contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Loan Settlement**

- Have you sought help from any other attorney regarding your student loans?  Yes  No
- Have you sought help from any debt settlement company for your student loans?  Yes  No

**If yes to either,** please provide the name, address, and contact information:

\_\_\_\_\_  
\_\_\_\_\_

How much did you pay? \$ \_\_\_\_\_

When were your enrolled in this program? \_\_\_\_\_

**NOTE:** We will need copies of all contracts, letters, emails, promotional materials, etc., to determine whether to pursue recovery of these amounts.





# GOVERNMENT STUDENT LOANS

## PLEASE FILL OUT THE FOLLOWING FORM FOR EVERY GOVERNMENT STUDENT LOAN YOU HAVE OR MIGHT HAVE

Attach latest bill or statement for each loan.

(If you need more pages, please ask.)

Name of Creditor:		Amount of Debt: \$	Monthly Payment: \$	Last payment date:
Mailing Address: (Include Zip code)		Account Number:		
When was this loan incurred:		(Years)		
		From:	To:	
Original Lender:		Co-Signers:		
What school did you use the loan to attend?		Did anyone co-sign this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you use some or all of the loan for living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of co-signer:		
If yes, please describe:		Relationship to you:		
Do you have copies of your loan documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you care if the creditor goes after the Co-signer for payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Servicer Selection for Consolidation:</b>				
You may be able to select your loan servicer going forward. Select from the list below:				
<input type="checkbox"/> Nelnet <input type="checkbox"/> Navient <input type="checkbox"/> FedLoan Servicing <input type="checkbox"/> CornerStone <input type="checkbox"/> OSLA Servicing <input type="checkbox"/> Great Lake <input type="checkbox"/> MOHELA <input type="checkbox"/> HESC/EdFinancial <input type="checkbox"/> Granite State <input type="checkbox"/> I don't care				

### NSLDS Data:

You will need to provide your Federal student loan information from the National Students Loan Data System (NSLDS). This can be done one of two ways:

#### Option 1

Provide borrower's NSLDS text file (see attached instructions)

OR

#### Option 2

Provide borrower's FSA ID and Password.

Client's FSA ID: \_\_\_\_\_

FSA Password: \_\_\_\_\_

**IMPORTANT:** Client will NOT be able to proceed without providing NSLDS data.



## SPECIAL INSTRUCTIONS REGARDING LOAN CANCELLATIONS

Review the available cancellations below. If you believe any of these discharges apply, complete questions below:

### False Certification of Ability to Benefit Discharge

If you didn't have a high school diploma or GED when you enrolled and the school did not properly assess or certify your ability to benefit from the education paid for with the loan.

### False Certification - Disqualifying Status Discharge

When the school certified Client's eligibility, but because of a physical or mental condition, age, criminal record, or other reason Client is disqualified from employment in the occupation in which borrower was being trained.

### False Certification - Unauthorized Signature Discharge

The school signed Client's name on the application or promissory note without authorization or the school endorsed Client's loan check or signed borrower's authorization for electronic funds transfer without borrower's knowledge. Does NOT apply if the proceeds of the loan were delivered to Client or applied to charges owed by borrower to the school.

### Closed School Discharge

If Client attended a school that closed while enrolled or if Client withdrew 120 days before the school's closure.

### Unpaid Refund Discharge

Client withdrew from school, but the school didn't pay a refund that it owed to the U.S. Department of Education or to the lender, as appropriate. Only the amount of the unpaid refund will be discharged.

### Client Defense to Repayment

The school, through an act or omission, violated state law directly related to Client's federal student loan or to the educational services for which the loan was provided.

### Discharge Due to Death

If original borrower or the student borrower in a Parent PLUS loan has died.

## LOAN CANCELLATIONS DUE TO IMPROPER LENDING PRACTICES

### False Certification of Ability to Benefit Discharge

- Did you sign **private** student loans before you were 18?  Yes  No  Not Sure
- Do you have a high school diploma or a GED?  Yes  No  
If you do have a diploma or GED, when was it earned and awarded? \_\_\_\_\_
- Did you enroll in any school(s) before you had your diploma or GED?  Yes  No  
If so, did the school give you any kind of test before you enrolled?  Yes  No  
If the school gave you any tests, please provide all the details you can about the test, how it was administered, including the number of times you took it:  
\_\_\_\_\_  
\_\_\_\_\_

### False Certification - Disqualifying Status Discharge

- When you enrolled in school were you disqualified from employment in the occupation for which you were training due to physical or mental condition, age, criminal record or other reason?  Yes  No  
If **yes**, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

### False Certification - Unauthorized Signature Discharge

Are any of the student loans not yours or that you did not sign for them?  Yes  No  Not Sure  
If **yes**, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

### Closed School Discharge

- Did any of your schools close while you attended or shortly after that?  Yes  No  
If **yes**, please describe, including whether you completed the program through a "teach out" or a transfer of credits to another school:  
\_\_\_\_\_  
\_\_\_\_\_



**Unpaid Refund Discharge**

- Did you withdraw from any schools before completing your program?  Yes  No  
*If yes, please provide more information about your withdrawal:*  
\_\_\_\_\_  
\_\_\_\_\_
- Did you receive a refund?  Yes  No  Not Sure

**Client Defense to Repayment**

- Did any of your schools make any false promises or statements to you?  Yes  No  
*If yes, please describe the promises/statements and why they were false?*  
\_\_\_\_\_  
\_\_\_\_\_
- Did you experience any other problems with the school(s) you attended?  Yes  No  
*If yes, please describe:*  
\_\_\_\_\_  
\_\_\_\_\_

**Discharge Due to Death**

- Has the original borrower died?  Yes  No  
*If yes, please provide the original borrower's name and date of death:*  
\_\_\_\_\_  
\_\_\_\_\_
- Is the loan a Parent PLUS loan where the student has died?  Yes  No  
*If yes, please provide the student borrower's name and date of death:*  
\_\_\_\_\_  
\_\_\_\_\_



## PRIVATE STUDENT LOANS

### PLEASE FILL OUT THE FOLLOWING FORM FOR EVERY PRIVATE STUDENT LOAN YOU HAVE OR MIGHT HAVE

Attach latest bill or statement for each loan.

(If you need more pages, please ask.)

Name of Creditor:		Amount of Debt: \$	Monthly Payment: \$	Last payment date:
Mailing Address: (Include Zip code)		Account Number:		
When was this loan incurred:		(Years)		
		From:	To:	
Original Lender:		Co-Signers:		
What school did you use the loan to attend?		Did anyone co-sign this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you use some or all of the loan for living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of co-signer:		
If yes, please describe:		Relationship to you:		
Do you have copies of your loan documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you care if the creditor goes after the Co-signer for payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Creditor:		Amount of Debt: \$	Monthly Payment: \$	Last payment date:
Mailing Address: (Include Zip code)		Account Number:		
When was this loan incurred:		(Years)		
		From:	To:	
Original Lender:		Co-Signers:		
What school did you use the loan to attend?		Did anyone co-sign this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you use some or all of the loan for living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of co-signer:		
If yes, please describe:		Relationship to you:		
Do you have copies of your loan documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you care if the creditor goes after the Co-signer for payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

