Parent PLUS Reconsideration
Extenuating Circumstance Form(PJ)

2024-2025 Award Year

Your Federal Direct PLUS Loan was approved; however, you have indicated due to <u>extenuating circumstances</u> that you are not able to repay the loan. Therefore, you are requesting a review of your extenuating circumstances and documentation through the professional judgment process, to determine if your dependent student can be considered for the Additional Federal Direct Unsubsidized Loan; or, if you are an independent student, you are requesting consideration. Or, you were unable to apply due to a <u>defaulted loan.</u>

Maximum Academic Year Award: Freshman/Sophomore: $4,000 Junior/Senior: $5,000

Print Parent's Name_____ Last 4 digits of SS# _____

Print Student Name_____ XULA ID _____

Is the student a dependent or independent student? □ Dependent □ Independent (If independent and married, you must include your spouse's information.)

A. Extenuating Circumstance: Please check your extenuating circumstance and provide the supporting documentation that is requested for the extenuating circumstance. **To receive consideration, there <u>must</u> be supporting documentation.**

❑ 1. <u>Bankruptcy</u> (Attach official, unaltered document from Bankruptcy court stating that as a condition of the bankruptcy filing, the parent may not incur any additional debt.)

❑ 2. <u>Sole source of income public assistance or disability benefits and my debt/income will not allow me to repay loan</u>. (Attach award letter from agency i.e. Social Security Office indicating your allocation for this year and/or 3-6 months incomes along with copies of 3-6 months of all of your current debt/bill payments **and** the Plus Reconsideration Worksheet-PRW). Does the student provide income to pay your bills? _____Yes ____No (If yes, complete student section of the PRW). Please remember to sign the form.

❑ 3. <u>Debt to Income Ratio. My debt is exceptionally high compared to my income.</u> Provide all of the following without exception: Written-signed statement from the parent acknowledging your situation; Proof of income (paycheck stub, alimony, child support income, etc.) for at least 3-6 months; Proof of debt/monthly bill payments (copies of all bills/statements) for at least 3-6 months and confirmation that your Parent Loan (PLUS) is approved, if it has been less than 21 days since you applied along <u>with</u> Plus Reconsideration Worksheet- PRW). Does the student provide income to pay your bills?_____Yes _No (If yes, complete student section of the PPRW.) Remember to sign the form.

□ 4. <u>Other:</u> Write reason (*i.e., default*)_____

If defaulted loan, submit a copy of your loan status only from the Department of Education. You will not need to complete the Worksheet.

B. Financial Section: Complete this section if you selected #2 or #3 above.

1. Monthly Income **$ Amount**

Please place this information on the PLUS Reconsideration Worksheet (PRW) and enter the total amount in boxes below.
TOTAL INCOME **A.**

2. Fixed Monthly Debts
Please outline this information on the PRW and enter the total amount.

TOTAL RECURRING MONTHLY DEBT **B.**

3. DEBT TO INCOME RATIO (To be completed by office)
Divide Total Debt by Total Income **C.**

C. Certification: I certify that the information provided is accurate.

Parent Signature:_____ **Date**_____

Student Signature_____ **Date**_____

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PLUS Reconsideration Work Sheet

Parent Name: _____   **Student ID#:** _____

Complete the student's section, if you are a dependent student and you provide support to your parent's household. If you are an independent student, you (and your spouse, if married) must provide the information below. Use income and expense information for **2022. Enter money as a monthly amount.**

Monthly Expense Type	EXPENSES **Student** Amount MONTHLY 2022 **Expenses Paid out of Pocket**	**Parents** of dependent student (Spouse of Independent Student) Amount of **Monthly Expenses Paid out of Pocket**	Monthly Income Type	INCOME **Student** Amount of Monthly Income/ **Earnings** during 2022	**Parents** of dependent student (Spouse of Independent Student) Amount of **Monthly Income/ Earnings**
Rent/Mortgage			Earnings from ALL Jobs		
Utilities (Electric, Gas, Water, etc.)			Unemployment Compensation		
Phone, Internet & Cable			Withdrawals from Savings		
Credit Card Payments			Social Security/Disability		
Car Note and Insurance			Welfare, AFDC, TANF		
Gas for the Vehicle			Child Support Received		
Laundry			Alimony		
Food			Total Financial Aid REFUND received in 2022		
Entertainment			Cash received from family and/or friends		
Child Support/Alimony Paid			*Bills paid by someone else on your behalf		
Child Care			*Please explain any other support below. You may attach a document.		
Other:			Other:		
Other:			Other:		
Total Monthly Expenses			**Total Monthly Income**		

I certify that the information provided is accurate.

_____   _____
Signature: Student   **Date**

_____   _____
Signature: Student's Parent (If applicable)   **Date**
The parent who was approved must sign this form.

For Office Use Only:
Professional Judgment: ☐ Approved   ☐ Denied
Financial Aid Counselor's Signature: _____   **Date:** _____