

 **REAREAFFIRMATION AGREEMENT**

**William D. Ford Federal Direct Loan (Direct Loan) Program**

**Federal Family Education Loan (FFEL) Program**

OMB No. 1845-XXXX

DRAFT FORM

Exp. Date XX/XX/XXXX

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

**SECTION 1: BORROWER IDENTIFICATION**

Please enter or correct the following information.

[ ]  **Check this box if any of your information has changed.**

SSN

Name

Address

City, State, Zip Code

Telephone – Primary

Telephone – Alternate

E-mail (optional)

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**SECTION 2: INFORMATION ABOUT ELIGIBILITY**

You have lost eligibility for federal student financial aid because you inadvertently received a Direct Loan or FFEL program loan that caused you to exceed the annual or aggregate loan limit (“overborrowing”), as shown below. To get complete information about your loan(s) or contact information regarding your loan holder(s), you may visit the National Student Loan Database System (NSLDS) at [www.NSLDS.ed.gov](http://www.NSLDS.ed.gov).

To regain eligibility for federal student financial aid, you may either:

Repay the excess loan amount now, in which case you should contact your loan holder for instructions and not complete this form; or

Agree to repay the excess according to the terms and conditions of your promissory note (“reaffirmation”), in which case you should review the information in Section 3 and then sign and return this form to your loan holder.

**NOTE:** If the overborrowing was caused by more than one loan and the loans are held by different loan holders, a separate form will need to be submitted to each loan holder.

**SECTION 3: SCHOOL AND LOAN INFORMATION (TO BE COMPLETED BY THE SCHOOL)**

**NOTE:** If NSLDS shows that a student consolidated the loan(s) that caused the inadvertent overborrowing into a Direct or FFEL Consolidation Loan, no further action on the part of the borrower is needed. By signing the consolidation loan promissory note, the borrower agreed to repay any excess loan amount.

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OPEID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title of School Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loan Type | First Disb. Date | Disbursed Amount | Excess Amount | Loan Holder/Servicer |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Borrower Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Borrower SSN: \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**SECTION 4: REQUEST, UNDERSTANDINGS, PROMISE TO PAY, AND AUTHORIZATION**

* **I request** that my loan holder send confirmation of my reaffirmation to the school identified in Section 3.
* **I understand that:**
1. I will have reaffirmed the excess loan amount that I received only after I sign and return this form to my loan holder and it is processed.
2. After I have reaffirmed the excess loan amount, my school will determine what types and amounts of federal student financial aid I am eligible to receive.
3. Reaffirmation does not make me eligible to receive additional Direct Subsidized Loans or Direct Unsubsidized Loans if I have no remaining eligibility under the applicable total (aggregate) limit.
* **I promise** to pay to the loan holder the excess loan amount shown in Section 3 under the terms of the promissory note that I signed to receive the Direct Loan or FFEL program loan identified in Section 3, plus interest and other charges and fees that may become due as provided in my promissory note.
* **I authorize** my loan holder and its agents or contractors to contact me regarding my reaffirmation agreement or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

**Borrower Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_

**SECTION 5: WHERE TO SEND THE COMPLETED REAFFIRMATION AGREEMENT**

Return the completed form to:

(if no address is shown, return to your loan holder)

If you need help completing this form, call:

(if no telephone number is shown, call your loan holder)

**SECTION 6: DEFINITIONS**

* The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford (Direct Subsidized) Loans, Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans, Federal Direct PLUS (Direct PLUS) Loans, and Federal Direct Consolidation (Direct Consolidation) Loans.
* The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal PLUS Loans, Federal Consolidation Loans, and Federal Supplemental Loans for Students (SLS).
* The **holder** of your Direct Loan Program loan(s) is the U.S. Department of Education (the Department). The holder of your FFEL Program loan(s) may be a lender, a guaranty agency, or the Department. Your loan holder may use a servicer to handle billing and other communications related to your loans. References to “your loan holder” on this form mean either your loan holder or your servicer.
* **Federal student financial aid** includes the Federal Pell Grant Program, the Federal Supplemental Educational Opportunity Grant (FSEOG) Program, the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program, the Federal Work-Study Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, and the Federal Perkins Loan Program.
* **Inadvertent** **overborrowing** is the exceeding of an annual or aggregate loan limit without any evidence that you exceeded the limit as a result of deliberate action on your part or on the part of the school that determined your eligibility for the loan.

**SECTION 7: IMPORTANT NOTICES**

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq. and 20 U.S.C. 1087a et seq.), and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) becomes delinquent or defaults. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**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 valid OMB control number. The valid OMB control number for this collection is 1845-XXXX. Public reporting burden for this collection of information is estimated to average 5 minutes (0.08 hours) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 668.34(d). If you have questions regarding the status of your individual submission of this form, contact your loan holder (see Section 5).