



# LOAN DISCHARGE APPLICATION: FALSE CERTIFICATION (ABILITY TO BENEFIT)

OMB No. 1845-0058  
Form Under Review  
Exp. Date XX/XX/XXXX

**William D. Ford Federal Direct Loan (Direct Loan) Program**  
**Federal Family Education Loan (FFEL) Program**

**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 \_\_\_\_\_

Email (Optional) \_\_\_\_\_

## SECTION 2: ABILITY TO BENEFIT INFORMATION

**Carefully read the entire application before completing it. Complete Section 2 in its entirety.**

- You are applying for this loan discharge as a:
  - Student borrower - Skip to Item 4.
  - Parent PLUS borrower - Continue to Item 2. If a question includes "(or the student)", answer as it applies to the student you borrowed the loan for.
- Student Name (Last, First, MI):  
\_\_\_\_\_
- Student SSN:  
\_\_\_\_\_
- Enter the earliest date you (or the student) attended or officially registered for classes at a postsecondary school:  
\_\_\_\_\_  
**OR**  Don't Know
- Provide the name and address of the school referenced in Item 4:  
School Name:  
\_\_\_\_\_  
School Address (Street, City, State, Zip Code):
- Is the postsecondary school in Item 5 the same school you (or the student) attended when you received the loans you want discharged?
  - Yes - Skip to Item 11.
  - No - Continue to Item 7.
- School Name:  
\_\_\_\_\_
- School Address (Street, City, State, Zip Code):  
\_\_\_\_\_
- Dates that you (or the student) attended the school:  
First Date: \_\_\_\_\_ **OR**  Don't Know  
Last Date: \_\_\_\_\_  Don't Know
- Name the program you (or the student) were enrolled in when you received the loans you want discharged:  
\_\_\_\_\_
- Did you (or the student) have a high school diploma or GED before enrolling?
  - Yes - You are not eligible for this discharge.
  - No - Continue to Item 12.
- Did you (or the student) receive a GED before completing the program?
  - Yes
  - No

Borrower Name \_\_\_\_\_

Borrower SSN \_\_\_\_\_

**SECTION 2: ABILITY TO BENEFIT INFORMATION (CONTINUED)**

**13.** Did you (or the student) successfully complete 6 credits or 225 clock hours of coursework that applied toward a program offered by the school before you received the loans you want discharged?

- Yes
- No
- Don't Know

**14.** Before you (or the student) were admitted to the school, did the school give an entrance examination?

- Yes - Continue to Items 15-18.
- No - Skip to Item 21.
- Don't Know - Skip to Item 21.

**15.** Give the date of the test if you know it:

\_\_\_\_\_

**16.** Give the name of the test if you know it:

\_\_\_\_\_

**17.** Give the score of the test if you know it:

\_\_\_\_\_

**18.** Did anything appear improper about the way the test was given or scored?

- Yes - Continue to Items 19-20.
- No - Skip to Item 21.

**19.** Explain in detail what appeared improper:

**20.** Provide the following about anyone who can support your statement:

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

Address (Street, City, State, Zip Code):

Telephone Number: \_\_\_\_\_

**21.** Did you (or the student) complete a developmental or remedial program at the school?

- Yes - Continue to Items 22-25.
- No - Skip to Item 26.
- Don't Know - Skip to Item 26.

**22.** Provide the name of the program:

\_\_\_\_\_

**23.** Dates that you (or the student) attended the program:

First Date: \_\_\_\_\_ **OR**  Don't Know

Last Date: \_\_\_\_\_  Don't Know

**24.** List the courses you (or the student) took:

**25.** Provide the grades you (or the student) earned:

**26.** Did the school refund any money on your behalf?

- Yes - Continue to Items 27-28.
- No - Skip to Item 29.
- Don't Know - Skip to Item 29.

**27.** What was the amount of the refund? \_\_\_\_\_

**28.** Explain why the money was refunded:

**29.** Have you (or the student) requested or received a refund or payment from the school or any third party (see Section 6) for any loan that you are requesting be discharged?

- Yes - Continue to Items 30-32.
- No - Sign and date the application in Section 3, then send it to the address in Section 7.
- Don't Know - Sign and date the application in Section 3, then send it to the address in Section 7.

**30.** Provide the name, address, and telephone number of the organization you (or the student) requested or received a payment from:

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

Address (Street, City, State, Zip Code):

Telephone Number: \_\_\_\_\_

**Borrower Name** \_\_\_\_\_

**Borrower SSN** \_\_\_\_\_

**SECTION 2: ABILITY TO BENEFIT INFORMATION (CONTINUED)**

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**31.** What is the amount and the status of the request?

Amount: \_\_\_\_\_

Status: \_\_\_\_\_

**32.** What was the amount of any payment received? If none, enter "0".

\_\_\_\_\_

Sign and date the application in Section 3, then send it to the address in Section 7.

**SECTION 3: BORROWER CERTIFICATIONS, ASSIGNMENT, AND AUTHORIZATION**

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**I certify** that:

- I have read and agree to the terms and conditions for loan discharge, as specified in Section 5.
- Under penalty of perjury, all of the information I have provided on this application and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

By signing this application **I assign and transfer** to the U.S. Department of Education (the Department) any right I have to a refund on the amount discharged from the school and/or from any owners, affiliates, or assignees of the school, and from any third party that pays claims for a refund because of the actions of the school.

**I authorize** the organization I submit this request to and its agents to contact me regarding my request or my loans at the cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

**Borrower's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**SECTION 4: DEFINITIONS**

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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 Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.

The **holder** of your Direct Loan Program loans is the Department. The holder of your FFEL Program loans may be a lender, a guaranty agency, or the Department. The holder of your Perkins Loans may be a school 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 application mean either your loan holder or your servicer.

If your loan is **discharged**, this means that you (and any endorser) are not required to repay the remaining portion of the loan, and you will be reimbursed for any payments on the loan that you made voluntarily or through forced collection (for example, through wage garnishment or Treasury offset). For a consolidation loan, only the portion that represents the original loans you received and that are eligible for discharge will be discharged. The loan holder reports the discharge to all consumer reporting agencies to which the holder previously reported the status of the loan and requests the removal of any adverse credit history previously associated with the loan.

The **student** refers to the student the parent borrower obtained a Direct PLUS Loan or Federal PLUS Loan for.

**Third party** refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other entity offering a tuition recovery program.

## **SECTION 5: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON FALSE CERTIFICATION**

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Only loans made on or after January 1, 1986 are eligible for this type of discharge.

By signing this application, you are agreeing to provide, upon request, testimony, a sworn statement, or other documentation reasonably available to you that demonstrates to the satisfaction of the Department or its designee that you meet the qualifications for loan discharge, or that supports any statement you made on this application or in any accompanying documents.

By signing this application, you are agreeing to cooperate with the Department or the Department's designee in any enforcement action related to this application.

Your application may be denied or your discharge may be revoked if you fail to provide testimony, a sworn statement, or documentation upon request, or if you provide testimony, a sworn statement, or documentation that does not support the material representations you made on this application or in any accompanying documents.

## **SECTION 6: INSTRUCTIONS FOR COMPLETING THE APPLICATION**

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When completing this application, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: March 14, 2018 = 03-14-2018. If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this application. Identify the question number for which you are providing additional information. Include your name and Social Security Number (SSN) at the top of pages 2 and 3 and on any attached pages.

**Return the completed application and documentation to the address shown in Section 7.**

## **SECTION 7: WHERE TO SEND THE COMPLETED APPLICATION**

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Return the completed application and any documentation to:  
(If no address is shown, return to your loan holder.)

If you need help completing this application, call:  
(If no telephone number is shown, call your loan holder.)

## SECTION 8: IMPORTANT NOTICES

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**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 loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. 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 loans, to enforce the terms of the loans, 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 information collection is 1845-0058. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. The obligation to respond to this collection is required to obtain or retain a benefit (34 CFR 682.402(e)(3), or 685.215(c)). If you have comments or concerns regarding the status of your individual submission of this form, **contact your loan holder directly.**