

Federal Perkins Loan Program/NDSL Assignment Form: Borrower and Loan Information

OMB Number: 1845-0048 Form
Form Under Review
Expiration Date: XX/XX/XXXX

SECTION A - BORROWER INFORMATION

1. Current or Last Known Name (Last, First, MI)

2. Previous Name(s) (Optional)

3. Social Security Number

4. Date of Birth (MM/DD/YYYY)

5. Departure Date (MM/DD/YYYY)

6. Current or Last Known Permanent Address (Number and Street)

7. Telephone Number

8. City

9. State or Province

10. Zip Code

Foreign Add?

10.a Country

SECTION B - COSIGNER INFORMATION (Complete if applicable)

11. Name of Cosigner of Loan (Last, First, MI)

12. Social Security Number of Cosigner (optional)

13. Current or Last Known Permanent Address of Cosigner (Number and Street)

14. Telephone Number

15. City

16. State

17. Zip Code

SECTION C - LOAN INFORMATION: HISTORICAL

18. Type of Loan (Check appropriate space)

Perkins Direct Defense

19. Applicable Interest Rate on the Loan

 %

20. Date of First Disbursement

21. Date of Last Disbursement (MM/DD/YYYY)

22. Date Last Grace Period Ended or Will End (MM/DD/YYYY)

23. Date of Default, if defaulted (MM/DD/YYYY)

24. Was this loan ACCELERATED? (Check appropriate space)

If YES, provide date of acceleration. If NO, provide date this loan became fully mature (due-in-full). In the case of a non-defaulted loan that has neither been accelerated nor matured (such as a total and permanent disability discharge or if the schools closing out the program), check "No" and leave the date blank.

YES NO Date (MM/DD/YYYY)

25. Was this loan LITIGATED? (Check appropriate space) If YES, provide effective date and attach judgement.

YES NO Date (MM/DD/YYYY)

26. Borrower Repayment Status, if loan is not in default.

In School Grace Period Deferment Repayment

27. Reason this loan is being assigned or has been determined uncollectible. (Check appropriate

space) Hardship Incarceration Unemployment Liquidation Refusal to Pay Address Unknown Total and Permanent Disability Other (Please Explain Below)

