Special Circumstance: Additional Loan Request Form

Student's Last Name:	Student's First Name:
Augsburg ID:	Student's Phone :
Parent's Last Name:	Parent's First Name:
Parent's Phone: 1. Check the appropriate box below and provide additional documentation may be necessary. Familiary necessary.	•
My Parent(s) is unable to apply for a Parent PLUS lo	an because:
 ☐ My parent is not a U.S. citizen ☐ My parent is in default on their student loan ○ Provide documentation from your loan servicer or ns. ☐ In 2015, my parent is incarcerated ○ Include a written statement from case manager indicates 	lds.ed.gov with proof of your default.
My Parent(s) have applied for a Parent PLUS loan but	ut are unable to take out this loan because:
arent(s) apply for a Parent PLUS loan at www.studentloans.gov. If de ditional loans. My parent(s) are in active bankruptcy proce	nied, your student will receive an e-mail with options, including requestined edings
o Provide letter from the bankruptcy court	· · · · · · · · · · · · · · · · · · ·
☐ My parent's income is limited to public assis (Assistance includes: SSI/SSDI, public hous) ○ Provide a copy of year end 2014 statement of benefits	ing, Medicaid, subsidized food through WIC or SNAP)
 ☐ My parent(s) would not be able to repay the ○ Provide a copy of <u>ALL</u> debt statement(s) or credit rep ○ Provide W-2s, Tax Return Transcript or submit the Factorian Complete income and debt obligations on the reverse 	AFSA using the IRS Data Retrieval Tool
 ☐ My parent(s) fall below the poverty line ○ See table on reverse side ○ Provide W-2s, Tax Return Transcript or submit the Face 	AFSA using the IRS Data Retrieval Tool
 ☐ Other Extenuating Circumstances ○ Please provide all documentation to support any circumstances 	umstances that you would like to be considered
Signatures – *** Each person signing this form certifies that all	information reported is complete and correct. ***
Student Signature:	Date:
Parent Signature:	Date:

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Section A: Income	Monthly Gross Amount	Explanation
Parent 1 Salary	\$	
Parent 2 Salary	\$	
Self-Employment	\$	
Other:	\$	
Other:	\$	
Total	\$	

Section B: Debt Obligation	Monthly minimum payment	Number of months remaining
Mortgage (include principle, interest, taxes, and insurance)	\$	
2 nd Mortgage/Home Equity	\$	
Car Loan	\$	
Student Loans of parent(s)	\$	
Credit Card	\$	
Medical Debt Statement(s)	\$	
Other:	\$	
Total	\$	

Include additional page if necessary. If section B is greater than section A, please include explanation on how you pay your monthly obligations

Persons in family	48 Contiguous States & D.C.	
1	\$11,770	
2	\$15,930	
3	\$20,090	
4	\$24,250	
5	\$28,410	
6	\$32,570	

For each additional person, add \$4,160