AGREEMENT UNDER THE PERKINS LOAN REHABILITATION PROGRAM

Borr	ower's Name (please print clearly):	
Last	Name	First Name Middle Inita
	Department of Education Account Numbe	FIRST Name
1		
Defense		bilitation program and my agreement to repay my defaulted National an(s) or Perkins loan(s) held by the U.S. Department of Education (ED). a prerequisite to rehabilitation of my loan(s).
Please of	check the appropriate paragraph:	
□I ur with	derstand that I must make nine (9) consecution each payment due on the of each	ve monthly payments in the amount of \$, beginning
unc by	erstand that these payments, if consecutive a	nents in accordance with a repayment agreement between me and ED. I and if made in amounts at least equal to the agreed-amount, will be credited monthly payments needed for rehabilitation of the loan(s). I will continue to
I also ur	derstand and agree to repay under the follow	ving terms and conditions:
1.	I must make each of the required nine (9) cor its due date.	secutive monthly payments no more than 15 days before or 15 days after
2.		ned here, I must sign a new repayment agreement and complete a new ents and in order to qualify for rehabilitation of my loan(s) –
3.	I cannot change the monthly payment amou Management Systems, Inc.	nt without ED's agreement or the agreement of Financial Asset
4.		and supporting documentation in order to support a request to change o agree to provide three personal references upon request.
5.		to ED after I have completed the minimum of at least nine (9) payments ing by ED's loan servicer that the rehabilitation has been completed and to ED's loan servicer.
6.	agreement. However, if I default on my loan	D incurs as a result of the rehabilitation of my loan(s) under this o(s) in the future, ED may collect as part of the debt then owed the greement. This will substantially increase the amount that will then be
7.	 rehabilitated loan(s). ED will refund to me at the address on r Treasury offset). 	any payment ED receives that I designate as payment on the my billing statement any involuntary payment ED receives (for example, a my billing statement any postdated check payment ED receives that was
8.	date, will calculate a new monthly payment a	leted, ED's loan servicer that handles my loan(s) will establish a new due amount based upon the balance owed at the time of the rehabilitation, The amount of the required monthly installment payment may
I have re	ead the above and agree to the terms and co	nditions of the loan rehabilitation program and this repayment agreement.
	Signature	Date mm/dd/yyyy