

Non-Tax Payment Offset Hardship Refund Request

Hardship refunds are contingent on an active repayment plan. To expedite review of your request contact ECMC or the assigned collection agency to set up a repayment plan prior to submitting your request. If you are not sure of the contact information call 855-810-4922.

A borrower is eligible for a hardship refund only once after the most recent default.

There is no guarantee as to the outcome of this review in reference to a full or partial refund. ECMC will take into consideration all relevant information you submit. You should not submit this application until you receive notification from the Department of Treasury advising that your federal non-tax payment has been applied to the debt held by ECMC.

Required Documentation

To request a refund of your Non-tax Payment (Social Security Benefits, Federal travel reimbursement or Federal contractor payment) due to hardship, you **must** complete and return the enclosed form.

- ECMC Statement of Financial Status - Non-Tax Payment Offset Hardship Form**

- The Department of Treasury Letter** you received advising that your federal non-tax payment was applied to the debt held by ECMC.

Please mail or fax the Statement of Financial Status - Non-Tax Payment Offset Hardship form to the following address or number:

ECMC
P.O. Box 16096
St. Paul, MN 55116-0096
Fax: 1-877-645-7479

If you have any questions, please contact Customer Service at 866-722-3833 or by web at www.ecmc.org/contactus.



P.O. Box 16096
St. Paul, MN 55116-0096

Statement of Financial Status - Non-tax Offset Hardship

Educational Credit Management Corporation (ECMC) will use the information you provide in the following statement to determine your ability to repay your defaulted student loan or your eligibility for a refund of non-tax offset(s) due to financial hardship. It is to your advantage to be as accurate and clear as possible, and explain any unusual expenses.

Do not include monthly payments on credit cards. If, for example, you are making payments on a department store card that you used to purchase clothing, list that payment under "clothing" expenses. If you are paying some of your expenses quarterly or annually, such as automobile insurance or property taxes, calculate what the amount would be on a monthly basis and put that amount in the space provided. Do not leave any item blank. If the answer is zero, write zero. **Information provided on this form will be held confidential.**

PLEASE NOTE: ECMC cannot review your case until you have received notification that a non-tax payment was withheld. Please include this notification along with the completed form to:
ECMC, Attn: Offset, P.O. Box 16096, St. Paul, MN 55116-0096 or fax to 877-645-7479

1. Personal Information

Your Name (Last, First, Middle, Previous) _____ Date of Birth _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip _____ Telephone Number _____

Marital Status (please check one): Married_____ Single_____ Divorced_____

Number of dependents, including self (as defined by IRS) _____

2. Monthly Income (Please complete all that apply.)

Your Primary Employer _____ Current Position _____ Date Employed _____

Primary Employer's Address _____ City _____ State _____ Zip _____ Telephone Number _____

Monthly Gross Income \$_____ Monthly Net Income (after taxes) \$_____

Your Secondary Employer _____ Current Position _____ Date Employed _____

Secondary Employer's Address _____ City _____ State _____ Zip _____ Telephone Number _____

Monthly Gross Income \$_____ Monthly Net Income (after taxes) \$_____

Spouse's Name (Last, First, Middle, Previous) **Current Position** **Social Security Number**

Monthly Gross Income \$ _____ **Monthly Net Income (after taxes)** \$ _____

Other Contributing Resident **Current Position** **Social Security Number**

Monthly Gross Income \$ _____ **Monthly Net Income (after taxes)** \$ _____

Other Monthly Income (e.g., child support, alimony, interest, public assistance, etc.)

Describe: _____ **Amount** \$ _____

Describe: _____ **Amount** \$ _____

Describe: _____ **Amount** \$ _____

Total Monthly Income	\$ _____
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3. Monthly Expenses (You must provide documentation for all bills pertaining to items marked **.)

Shelter:	Monthly Payment	Balance Past Due
Rent/Mortgage: To Whom _____	\$ _____	\$ _____
Second Mortgage: To Whom _____	\$ _____	\$ _____
Home Insurance/Property Taxes	\$ _____	\$ _____

Utilities:	Monthly Payment	Balance Past Due
Electric	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Water/Sewer/Garbage	\$ _____	\$ _____
Basic Telephone	\$ _____	\$ _____
Other (Describe) _____	\$ _____	\$ _____

Household Expenses	Monthly Expenses
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Food: \$ _____

Clothing: \$ _____

Medical Expenses:	Monthly Payment	Balance Past Due
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Medical Insurance Payments **NOT** deducted from paycheck \$ _____ \$ _____

Medical Bill Payments **NOT** deducted from paycheck \$ _____ \$ _____

Other (Describe) _____ \$ _____ \$ _____

Transportation:	Monthly Payment	Balance Past Due
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Car Payment(s) (To Whom _____) \$ _____ \$ _____

Gas and/or Oil \$ _____ \$ _____

Car Insurance \$ _____ \$ _____

Other (Describe) _____ \$ _____ \$ _____

Child Expenses:	Monthly Payment	Balance Past Due
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Child Care (Number of Children _____) \$ _____ \$ _____

Child Support Payments (Number of Children _____) \$ _____ \$ _____

Other (Describe) _____ \$ _____ \$ _____

Other:	Monthly Payment	Balance Past Due
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Other Expenses:
(Describe) _____ \$ _____ \$ _____

Total Monthly Expenses	\$ _____
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Discretionary Income (Total Monthly Income - Total Monthly Expenses)	\$ _____
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Total Balance Past Due		\$ _____
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4. Signature

Please sign the declaration below: (If you are providing income information or supporting documentation for more than yourself, both parties must sign and date this form.)

I cannot pay my debt in full at this time.

I declare under the penalties provided by 18 U.S.C. §1001(a) that the answers and statements contained herein are, to the best of my knowledge and belief, true, correct and complete. I hereby authorize ECMC to verify any information I have provided in my Statement of Financial Status with any third party and I consent to the release of same.

Signature Date

Signature Date

WARNING: 18 U.S.C. 1001 provides that “whoever...knowingly and willfully makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement . . . shall be fined..., imprisoned not more than 5 years ...,or both.”

Privacy Act Notice

Please refer to ECMC’s annual Privacy Policy mailing for more information about ECMC’s Privacy Policy.