

SIGNATURE FORMS AND INSTRUCTIONS

Due to the defaulted status of your loan(s), Direct Loans requires you to begin repayment in the Income Contingent Repayment program.

(If you are unable to make payments once your consolidation is completed, you can contact Direct Loans Service Center to request a deferment or forbearance of payment at 800-848-0979 upon receiving your first request of payment.)

REQUIRED SIGNATURE FORMS

You must complete all shaded/highlighted areas forms.

Repayment Plan Selection Form: Borrowers consolidating defaulted loans must begin in the Income Contingent Repayment program. Checking any other repayment option will prevent your application from being processed. Complete section 1 with your name and SSN#. Complete section 4A- Family size. Sign and date at the bottom.

Promissory Note: Also known as Form Sections E and F; Print your name and SSN # above. Sign and date below.

Authorization Letter: Sign, date and enter your social security number.

You must include one of the following:

For fastest processing time, simply include a copy of Page 1 of your most recent filing of Federal IRS Tax Form 1040. This reflects your Adjusted Gross Income (AGI) used to determine your new payment.

Or, for the next fastest processing time complete:

Alternate Documentation of Income form (ADOI): Complete section 1 and 2. If spouse information required, complete section 3. Sign and date section 4. **You must** include 30 days worth of pay stubs or other proof of income information as described in section 2 of the ADOI form **or if** none of the acceptable forms of income documentation mentioned in section 2 is available, complete ADOI form and enclosed Self Certification of Income form.

Self Certification of Income form: (If required) Enter your name, SSN# and family size. Choose the option that best describes your current situation and initial that option. If you choose the "Other" option read the instructions on form for additional information.

If you have any questions or concerns regarding the forms, please call for assistance to complete the forms.

Mail completed forms to:

National Credit Management, INC.
10845 Olive Blvd #210
St. Louis, MO 63141
1-800-333-6787

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Borrower's Name (please print) _____

Social Security Number _____

Section E: Borrower Understandings, Certifications, and Authorizations

22. I understand that:

- A. My Direct Consolidation Loan will, to the extent used to pay off loans that I have selected for consolidation, count against the applicable aggregate loan limits under the Act. The term "the Act" is defined under "Governing Law" on page 4 of this Note.
- B. The amount of my Direct Consolidation Loan is the sum of the balances of my outstanding eligible loans that I have chosen to consolidate. My outstanding balance on each loan to be consolidated includes unpaid principal, unpaid accrued interest, and late charges as defined by federal regulations and as certified by each holder. Collection costs may also be included. For a Direct Loan Program or Federal Family Education Loan (FFEL) Program loan that is in default, the U.S. Department of Education (ED) limits collection costs that may be included in the payoff balances of the loans to a maximum of 18.5 percent of the outstanding principal and interest. For any other defaulted federal education loans, all collection costs that are owed may be included in the payoff balances of the loans.
- C. ED will provide me with information about the loans and payoff amounts that ED verifies with the holders of my loans before the actual payoffs occur. If I do not want to consolidate any of the loans that ED has verified, I must notify ED before the loans are paid off.
- D. If the amount ED sends to my holders is more than the amount needed to pay off the balances of the selected loans, the holders will refund the excess to ED and it will be applied against the outstanding balance of my Direct Consolidation Loan. If the amount that ED sends to my holders is less than the amount needed to pay off the balances of the loans selected for consolidation, ED will include the remaining amount in my Direct Consolidation Loan.
- E. Unless I am consolidating a delinquent Federal Consolidation Loan that the lender has submitted to the guaranty agency for default aversion or a defaulted Federal Consolidation Loan, or, effective July 1, 2008, I am consolidating a Federal Consolidation Loan into the Direct Loan Program to use the Public Service Loan Forgiveness Program, I may consolidate an existing Federal Consolidation Loan or Direct Consolidation Loan only if I include at least one additional eligible loan in the consolidation.
- F. If I am consolidating a delinquent Federal Consolidation Loan that the lender has submitted to the guaranty agency for default aversion or a defaulted Federal Consolidation Loan, and I am not including another eligible loan, I must agree to repay my Direct Consolidation Loan under the Income Contingent Repayment Plan or, effective July 1, 2009, the Income-Based Repayment Plan.

23. Under penalty of perjury, I certify that:

- A. The information that I have provided on this Note is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- B. I do not have any other application pending for a Federal Consolidation Loan with any FFEL Program lender.
- C. All of the loans selected for consolidation have been used to finance my education or the education of my dependent student(s).
- D. All of the loans selected for consolidation are in a grace period or in repayment (including loans in deferment or forbearance).
- E. Unless I am consolidating a delinquent Federal Consolidation Loan that the lender has submitted to the guaranty agency for default aversion or a defaulted Federal Consolidation Loan, or, effective July 1, 2008, I am consolidating one or more FFEL Program loans into the Direct Loan Program to use the Public Service Loan Forgiveness Program, if none of the loans I am consolidating is a Direct Loan Program loan, I have sought and been unable to obtain a Federal Consolidation Loan from a FFEL Program lender, or I have been unable to obtain a Federal Consolidation Loan with income-sensitive repayment terms or, effective July 1, 2009, income-based repayment terms that are acceptable to me.
- F. If I owe an overpayment on a Federal Perkins Loan, Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Academic Competitiveness Grant (ACG), National Science or Mathematics Access to Retain Talent (SMART) Grant, or Leveraging Educational Assistance Partnership Grant, I have made satisfactory arrangements with the holder to repay the amount owed.
- G. If I am in default on any loan I am consolidating (except as provided above in Item 22.F.), I have either made a satisfactory repayment arrangement with the holder of that defaulted loan, or I will repay my Direct Consolidation Loan under the income contingent repayment plan or, effective July 1, 2009, the Income-Based Repayment Plan.
- H. If I have been convicted of, or pled *nolo contendere* or guilty to, a crime involving fraud in obtaining federal student aid funds under Title IV of the Higher Education Act of 1965, as amended (the Act), I have completed the repayment of those funds to ED, or to the loan holder in the case of a Title IV federal student loan.

24. I make the following authorizations:

- A. I authorize ED to contact the holders of the loans selected for consolidation to determine the eligibility of the loans for consolidation and the payoff amounts. I further authorize release to ED or its agent of any information required to consolidate my education loans in accordance with the Act.
- B. I authorize ED to issue the proceeds of my Direct Consolidation Loan to the holders of the selected loans to pay off the debts.
- C. I authorize ED to investigate my credit record and report information about my loan status to persons and organizations permitted by law to receive that information.
- D. I authorize my school(s) and ED to release information about my Direct Consolidation Loan to the references on the loan and to members of my immediate family, unless I submit written directions otherwise.
- E. I authorize my school(s), ED, or their agents to verify my social security number with the Social Security Administration (SSA) and, if the number on my loan record is incorrect, then I authorize SSA to disclose my correct social security number to these parties.

Section F: Promissory Note (continued on page 4) – to be completed and signed by the borrower.

25. **Promise to Pay:**

I promise to pay to the U.S. Department of Education (ED) all sums disbursed under the terms of this Note to pay off my prior loan obligations, plus interest and other charges and fees that may become due as provided in this Note. If I do not make payments on this Note when due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees.

If ED accepts my application, I understand that ED will on my behalf send funds to the holders of the loans that I want to consolidate to pay off those loans. I further understand that the amount of my Direct Consolidation Loan will equal the sum of the amounts that the holders of the loans verified as the payoff balances on the loans selected for consolidation. My signature on this Note serves as my authorization to pay off the balances of the loans selected for consolidation as provided by the holders of the loans.

The payoff amount may be greater than or less than the estimated total balance I have indicated in Section C1. Further, I understand that if any collection costs are owed on the loans selected for consolidation, these costs may be added to the principal balance of my Direct Consolidation Loan.

I will not sign this Note before reading the entire Note, even if I am told not to read it. I am entitled to an exact copy of this Note and the Borrower's Rights and Responsibilities Statement. My signature certifies that I have read, understand, and agree to the terms and conditions of this Note, including the Borrower Understandings, Certifications, and Authorizations in Section E, and the Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT THIS IS A LOAN THAT I MUST REPAY.

26. **Borrower's Signature** _____

Today's Date (mm-dd-yyyy) _____

Authorization Letter

I hereby authorize Direct Loans to release information pertaining to my loan consolidation to National Credit Management and its agents.

Signature: _____ Date: _____

SS#: _____

Please return forms to:

National Credit Management
10845 Olive Blvd, Suite 210
St. Louis, MO 63141



William D. Ford Federal Direct Loan Program

Income Contingent Repayment Plan & Income-Based Repayment Plan Alternative Documentation of Income

William D. Ford Federal Direct Loan Program

Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans,

Federal Direct Subsidized Consolidation Loans, Federal Direct Unsubsidized Consolidation Loans

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

OMB No. 1845-0016
Form Approved
Exp. Date 06/30/2012

Section 1: Identifying Information

Before completing this form, carefully read the instructions in Section 5.

All borrowers must provide the Borrower Information below.

Borrower Information:

Borrower's Name (please print clearly):

Last Name First Name Middle Initial

Borrower's Social Security Number:

____-____-____

If you are married, you must also provide the Spouse Information below if (1) you are repaying under the ICR Plan, or (2) you are repaying under the IBR Plan and you and your spouse file a joint federal tax return.

Spouse Information:

Your Spouse's Name (please print clearly):

Last Name First Name Middle Initial

Your Spouse's Social Security Number:

____-____-____

Section 2: Borrower's Income Information – to be completed by ALL BORROWERS

All borrowers must complete this section.

You must list all taxable income you are currently receiving (i.e., income from employment, unemployment income, dividend income, interest income, tips, alimony). Include the amount of money received, how often you receive this money, and your employer (if any) or the source of your income if you are not employed. You must attach supporting documentation for **all income** reported in this section (e.g., pay stubs, letters from your employer stating your income, interest or bank statements, dividend statements, canceled checks, or, when these forms of documentation are unavailable, a signed statement explaining your income source(s) and giving the addresses of these sources). Copies are acceptable, but **all supporting documentation must be no more than 90 days old**. If you have more than two sources of income, provide the information requested in this section on a separate piece of paper and mail it with this form. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance. If your income or the income of your spouse changes significantly after your submission of this form, you must notify the Direct Loan Servicing Center of this change (see contact information in Section 5).

Amount of Income	Frequency of Payment (Please check the appropriate box.)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Check this box if you do not have any taxable income and receive only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.						

Section 3: Spouse's Income Information – to be completed by SOME MARRIED BORROWERS

If you are married, you must provide your spouse's income information if:

1. You are repaying under the ICR Plan, or
2. You are repaying under the IBR Plan and you and your spouse file a joint federal tax return.

If you are required to complete this section, you must provide the same information and supporting documentation for your spouse's income that is required for your own income, as explained above in Section 2.

Amount of Income	Frequency of Payment (Please check the appropriate box.)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Check this box if your spouse does not have any taxable income and receives only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.						

Section 4: Certification and Signature

All borrowers must complete this section. If you are married, your spouse must sign and date below **only** if (1) you are repaying under the ICR Plan, or (2) you are repaying under the IBR Plan and you and your spouse file a joint federal tax return.

Certification: I certify that all of the information reported in Section 2 and, if applicable, Section 3 is true and complete to the best of my knowledge. I agree to provide to the U.S. Department of Education (the Department) on an annual basis (or as required by the Department) alternative documentation of my income for the purpose of determining my appropriate repayment amount under the ICR Plan or IBR Plan. I understand that (1) if I do not provide this information the Department will base my ICR or IBR amount on my AGI, as reported by the IRS, or, in some instances, I will not be allowed to repay my loan(s) under the ICR or IBR Plan; (2) the Department may request my income information from the IRS even if alternative documentation of my income is accepted; and (3) if I am married, my spouse's income information, documentation, and signature are also required if I am repaying under the ICR Plan, or if I am repaying under the IBR Plan and my spouse and I file a joint federal tax return.

Borrower's Signature

Date of Borrower's Signature

Spouse's Signature

Date of Spouse's Signature

SELF CERTIFICATION OF INCOME/AGI

For ICR repayment option

Circle one

I, the **borrower/spouse** (If required) _____, **SSN#** _____
hereby certify that my **family size** is _____.

Family Size

This number includes you and your spouse and is used to help determine your monthly payment amount for the ICR Plan. Family size includes your children if they receive more than half their support from you. This includes children who will be born during the year you certify your family size. At the time you certify your family size, these other individuals (1) live with you **and** (2) receive more than half of their support from you **and** will continue to receive this support for the year you certify your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.

I have included a completed Additional Documentation of Income (ADOI) form and hereby certify my income situation as stated below.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Initial one of the following: (If choosing OTHER option below or if none of the below options apply, complete this form and include on a separate, clean sheet of paper, write a brief, but complete statement of your/spouses current income situation. Be sure to sign, date and write SSN on your statement.)

___ I am currently unemployed and have no taxable income.

___ My source of income listed on the attached ADOI form, section 2: (Complete if no supporting documentation is available.)

Company/Source of income name: _____

Address of income source: _____

___ OTHER

You must list all taxable income you are currently receiving (i.e., income from employment, unemployment income, dividend income, interest income, tips, alimony). Include the amount of money received, how often you receive this money, and your employer (if any) or the source of your income if you are not employed. You must attach supporting documentation for all income reported in this section (e.g., pay stubs, letters from your employer stating your income, interest or bank statements, dividend statements, canceled checks, or, when these forms of documentation are unavailable, a signed statement explaining your income source(s) and giving the addresses of these sources). Copies are acceptable, but all supporting documentation must be no more than 90 days old. If you have more than two sources of income, provide the information requested in this section on a separate piece of paper and mail it with this form. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance. If your income or the income of your spouse changes significantly after your submission of this form, you must notify the Direct Loan Servicing Center of this change

Borrowers signature: _____ **Date signed:** ___/___/___

Borrowers SSN#: _____

(If required)

Spouse signature: _____ Date signed: ___/___/___

Spouses' SSN#: _____