## The City University of New York

### HUNTER WILLIAM D. FORD FEDERAL DIRECT STAFFORD PARENTPLUS LOAN APPLICATION

The Office of Financial Aid Room 241 North 695 Park Avenue New York, NY 10065 Tel. (212) 772-4820 Fax (212) 650-3666

Please print clearly in **BLACK OR BLUE INK** only. NOTE: Incomplete applications will NOT be processed

			<b>TUDENT'S INFORMA</b> To be completed by the study			
Last Name:			First Name:			Middle Initial:
SS#	/	_/EMP	L ID:	Da	te of Birth:	Middle Initial:/
an additional d	isbursement will	ual payments, Fall 2014 and S be requested and the loan wil v be processed for graduating	pring 2015. If the student is relation is relations in three (3) payment students.	gistered for at leas s, instead of two.	st 6 credits during	the Summer 2014 semester,
I would like to I am registered	be considere I for at least	d for a summer loan of credits during the Su	disbursement; ummer 2014 semester.	☐ Yes	□ No	
		☐ Summer 2014	☐ Fall 2014	☐ Sprir	ng 2015	
		☐ I am not graduatir	ng during the 2014-201	.5 academic y	/ear.	
Permanent Add	ress: (NOTE: F	To be comple F / 	sed as a permanent add	questing this loo te of Birth:	J	_ Middle Initial:/
Street:					Apt#:	
City, State:					Zip Cod	le:
Phone #: (	)					
				ate:		
Are you current	ly in default o	f a Stafford Loan?				
		☐ U.S. Citizen	☐ Permanent Resid	ent - Alien Reg	gistration #	
		ested for the 2014-2 he nearest whole dollar.	015 academic year:		(	\$ .
will be determined to form. I understand t	by credit worthine hat I will be notifi	ess, in which I authorize the U.	<ul> <li>S. Dept. of Education to obtain the credit check in regards to r</li> </ul>	derstand that eligi , I have completed	d and attached the	Direct Stafford Parent Plus Loar e <b>'Consent to Obtain Credit Rep</b> he Plus loan is denied, because
APPLICANT'S SI	GNATURE:				DATE:	
	P;	arent(s) can check www.st	udentloans.gov for update	d information o	n their Plus Ioai	n.

#### REQUIREMENTS:

REQUIREMENTS:
The following 4 criteria are REQUIRED in order for the Office of Financial Aid to process your loan. When your application is reviewed and the 4 criteria have not been completed, your application will not be processed. The Office of Financial Aid will NOT return any incomplete applications. Check with the Office of Financial Aid after 20 business days to follow up on your application status

to	follow up on	your application	n status.
	2015 FAFSA (WWW.FAF: Student murgistered for their grade I 2014-2015 a Parent required complete a (MPN) WWW.STUE - 'Parent Placompleted, disbursed. Parent required parent required properties of the parent required parent require	st have a valid 2 Application SA.ED.GOV). st be a matricul or at least 6 cre evel, per seme academic year esting the plus Master Promiss DENTLOANS.GO as' option. If the the loan will no esting loan musthe 'Consent to	lated student, dits, within ster during the loan must cory Note  W  MPN is not of the loan is not of the loa
	Report' form	n with this app	lication.
	Interest rate www.studentl	information can oans.gov, under section.	be found at "Learn More"
on de clo or	rthiness. The a	s loan is determin applicant cannot t of any debt or t ation, bankruptcy sion, tax lien, wa itle IV debt durin	be delinquent he subiect of a
The by fin 20 bu	e approved loa CUNY's Cost o ancial aid gran 15 academic yo t are not limite	AN ELIGIBILITY D in amount will be f Attendance (CO ted to the studen ear. Financial Aid id to, Federal and Subsidized/Unsu	determined A) minus any It for the 2014- awards include I State grants,
A r cor Par cor <b>CA</b>	new Parent Plu mpleted to incorent Plus Mastor mpleted. NCELLING/REI	JR PARENT PLUS s loan application rease the loan an er Promissory No DUCING YOUR PA	n must be nount. Another te must also be
by 20 Loa ret	submitting the business days ans that have a surned to the B he loan is redu	pan may be reduce 2014-2015 Statu prior to the disbull prior to the disbull pready been disbursar's office or to liced or cancelled, ble for part or all	us Change Form ursement date. ursed must be the loan lender. the student
	0	FFICIAL USE ONL	Y
_			
F	Parent's EMPL		
L	U	F	S
l DA	TE AND TIME STAN	IP	



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# CONSENT TO OBTAIN CREDIT REPORT WILLIAM D. FORD FEDERAL DIRECT STAFFORD PARENTPLUS LOAN APPLICATION

(Please **print clearly** in **BLACK OR BLUE INK** only. NOTE: Incomplete applications will NOT be processed)

This form must be submitted along with the Parent Plus application, in order for the school to process the loan.

SS#///	First Name: EMPL ID:	Date of Birth:	Middle Initial: / /
	BORROWER'S INF To be completed by the parent wh		
Last Name:	First Name:		Middle Initial:
SS#/	/Dat	te of Birth:/	
Permanent Address: (NOTE: P.O. boxes CANN	NOT be used as a permanent address)		
Street:			
City, State and Zip Code:		Phone #: (	)
•	on and its agents obtaining a report of my cred	_	-
· · · · · · · · · · · · · · · · · · ·		_	
•	on and its agents obtaining a report of my cred d that I will be notified in writing of the results	_	

#### PRIVACY ACT DISCLOSURE NOTICE

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request. Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance u