

PLUS Loan Override Request

Last Name (student)

First Name (student)

Student ID Number

Parent Name (first and last)

In certain situations, a dependent undergraduate student whose parent(s) are unable to obtain or repay a Federal Direct PLUS Loan may be eligible for an additional Federal Direct Unsubsidized Loan. The Office of Financial Aid & Scholarships may consider your available income as well as other situations as described below. **Please check the box(es) below to indicate your reason for the request and provide all required documentation listed in the box next to the request reason(s) you check. Please complete this form in blue or black ink.**

Reason for Request	Required Documentation
<input type="checkbox"/> I am on a fixed income (select all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Public assistance <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Disability benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Free or reduced-price lunch 	Attach documentation from agency which provides assistance.
<input type="checkbox"/> I am unable to manage the additional debt.	1. Attach proof of income 2. Attach documentation of bills/expenses 3. Attach explanation of circumstances and any other relevant information to document your situation 4. Complete Available Income Worksheet on the second page.
<input type="checkbox"/> Not a U.S. Citizen (sign statement below) <i>By signing below, I confirm that I am not a U.S. Citizen:</i> _____	Attach supporting documentation. If you do not have documentation, please contact our office.
<input type="checkbox"/> Other (select all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Incarcerated <input type="checkbox"/> Judgment lien <input type="checkbox"/> Defaulted federal loan <input type="checkbox"/> Other (please specify below): 	Attach supporting documentation.

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Available Income Worksheet

Only complete if you selected second option above

Section A: Income	Monthly Net Amount	Section B: Bills/Expenses	Monthly Minimum Payment	Number of Months Remaining
Net Income	\$ _____	Mortgage/Rent (including principle, interest, taxes, and insurance)	\$ _____	
Self-Employment	\$ _____	Utilities (electricity, gas, water, internet, etc.)		
Other Income	\$ _____	Home Equity Loan Payment	\$ _____	
		Car Loan	\$ _____	
		Student Loans	\$ _____	
		Other	\$ _____	

Certification and Signature – Please handwrite your signature. Typed signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the Office of Financial Aid & Scholarships to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature (must be handwritten in blue or black ink)

Date

Parent Signature (must be handwritten in blue or black ink)

Date

Office of Financial Aid & Scholarship Use Only:

Staff Name

Date

Available Income %: _____ Selected for Verification: YES NO

Override Decision: APPROVED DENIED Additional Unsubsidized Loan Offered? YES NO