## University of Idaho

Student Financial Aid Services 875 Perimeter Drive MS4291 Moscow, ID 83844-4291 PHONE: 208-885-6312 FAX: 208-885-5592 EMAIL: finaid@uidaho.edu WEB: https://www.uidaho.edu/financial-aid

## Parent Appeal Letter for PLUS Exceptional Circumstances

Student:			Student V#:		
	Please Print				
Today's Date:	5	Student Phone #:		Aid Year: 20	/20

According to guidance from the Department of Education, a dependent, undergraduate student may be eligible for increased unsubsidized loan amounts due to exceptional circumstances which prevent a parent from borrowing or repaying a Direct PLUS Loan.

The following are situations in which a determination can be made. Please indicate which appeal you are pursuing and return this signed form along with the required documentation to Student Financial Aid Services:

- Parent has filed for bankruptcy and the bankruptcy court has stated that a condition of the bankruptcy filing is that the parent may not incur any additional debt
  - Provide documentation from bankruptcy court 0
- Parent income is limited to public assistance or disability benefits and they would be unable to repay the Direct PLUS Loan
  - Parent should apply online at www.studentloans.gov prior to appeal (if not approved, no appeal needed)
  - Parent who applied should provide a signed statement of the financial situation 0
  - Provide documentation of source of monthly income
- Parent's likely inability to repay the Direct PLUS Loan due to an existing debt burden or the parent's expected debt-to-income ratio
  - Parent should apply online at www.studentloans.gov prior to appeal (if not approved, no appeal needed)
  - Parent who applied should provide a signed statement of the financial situation 0
  - Provide a monthly breakdown of household income vs expenses 0
- Based 1) on parental demographic information previously provided on the FAFSA - and - 2) regulations/guidelines to apply for the Parent PLUS loan, parent is not eligible to apply for the PLUS loan.
  - Signature on this form will suffice for this selection (FA Counselor will use FAFSA information to make determination).

CERTIFICATION - By signing below, I/we certify that the above information is true and correct to the best of my/our knowledge and belief. If asked by an authorized official, I/we agree to provide additional proof of the information provided on this form. I/we understand that purposely providing false or misleading information on this form may result in reduction of financial aid, fines and/or imprisonment in this and/or future years. I/we also acknowledge 1) the amount of unsubsidized loan available to the student through this appeal (if approved) could be significantly less than an offered or approved PLUS loan and 2) submitting this appeal does not guarantee approval and all documentation and requests are considered on a case-by-case basis.

## **ELECTRONIC SIGNATURE\***

Student Name: Student Date of Birth:

Student: I understand by typing my name, I consent to signing this document electronically

Parent Name:

Parent Date of Birth:

Parent: I understand by typing my name, I consent to signing this document electronically

\*If you do not wish to sign this document electronically you may also print, sign, and return completed form to our office.