

U.S. Department of Education

Financial Disclosure Statement

To evaluate a hardship claim, the U.S. Department of Education (the Department) compares the expenses you claim and support against averages spent for those similar expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the Internal Revenue Service (IRS) from different government studies. You can find the average expense amount that the Department uses at the following Web site: www.irs.gov and then search for “Collection Financial Standards.”

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of expenses.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Disclose and provide documentation of household income.**
- Failure to provide this information and documentation may result in a denial of your claim of financial hardship.

Income

Your Name: _____ **Your Social Security No.:** _____

Address: _____

 _____ **Phone:** _____
 _____ **Country:** _____

Current Employer: _____ **Date** _____ **Employed:** _____

Employer Phone: _____ **Present Position:** _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND
 COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Number of dependents: _____ (including yourself)

Marital status: Married Single Divorced

Your spouse's name: _____ **Spouse's SSN:** _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND
 COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other household members(s) with income: _____ SSN: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

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COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other Income

Child support: \$ _____ Weekly Bi-Weekly Monthly Other

Alimony: \$ _____ Weekly Bi-Weekly Monthly Other

Interest: \$ _____ Weekly Bi-Weekly Monthly Other

Public assistance: \$ _____ Weekly Bi-Weekly Monthly Other

Other: \$ _____ Describe: _____

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
401K:	_____	_____
Retirement:	_____	_____
Union Dues:	_____	_____
Medical:	_____	_____
Credit Union:	_____	_____
Other:	_____	_____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE)

Rent/Mortgage: \$ _____ Paid to whom: _____

2nd home mortgage: \$ _____ Paid to whom: _____

Home/Renter insurance: \$ _____

Other: \$ _____ Describe: _____

Food and Household

Expenses: \$ _____

Clothing: \$ _____

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____

Gas: \$ _____

Water/Sewer: \$ _____

Garbage pickup: \$ _____

Basic telephone: \$ _____

Other: \$ _____ Describe: _____

Medical (SEND COPIES OF BILLS)

Insurance \$ _____/per month

(Only list payments not deducted from paycheck)

Bill payments \$ _____/per month

(Only list payments not covered by insurance)

Other: \$ _____/per month

Describe: _____

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

Of cars _____

1st Car payment: \$ _____/per month

2nd Car payment: \$ _____/per month

Gas and oil: \$ _____/per month

Public transportation: \$ _____/per month

Car insurance: \$ _____/per month

Other: \$ _____ Describe: _____

Child Care (SEND COPIES OF BILLS)

Child care: \$ _____/per month Number of children: _____

Child support: \$ _____/per month Number of children: _____

Other: \$ _____/per month Describe: _____

Other Insurance: \$ _____ Describe: _____

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Based on this Statement, I think I can afford to pay \$ _____ per month

I declare under penalty of law that the answers and statements contained herein are true and correct.

Signature _____

Date _____

Warning: 18 U.S.C. 1001 provides that “whoever...knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both”

Complete, sign, and return the requested information and documentation to:

US DEPARTMENT OF EDUCATION
PO BOX 5227
GREENVILLE TX 75403-5227

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your student aid debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other Federal law, or with your consent. These uses are explained in Notice for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.

Action Financial Services, LLC
dba AFCS, LLC in Connecticut,
Delaware, Iowa, Michigan, Texas & Washington
P.O. Box 3250, Central Point, OR 97502

Third Party Authorization Form

Name: _____ Date: _____

Account Number or SSN _____

I hereby authorize _____ as someone that Action Financial Services and/or a subcontractor office, may speak with regarding my student loan account. This authorization will remain in effect, unless revoked by me verbally or in writing, or revoked by the authorized third party verbally or in writing, for as long as my account remains with Action Financial Services or one of their subcontractors.

I understand that important information such as payment options and repayment program requirements may be discussed with the authorized third party and that it is my responsibility to communicate with the 3rd party to make sure I receive the information in a timely fashion. I understand that failure to do so may cause issues with my payments, return of required documents or completion of any voluntary payment program I participate in.

Borrower Name (Please print): _____

Borrower Signature: _____

Authorized Third Party Name (Please print): _____

Authorized Third Party Phone Number: _____

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Action Financial Services, LLC

Recurring Payment Authorization Form

Sign and complete this form to authorize Action Financial Services, LLC to make a debit from your account listed below.

By signing below, I authorize Action Financial Services, LLC. to charge the account identified below on or after the dates and in the amounts set forth below. AFS may charge my account as early as 12:01 a.m. P.T. on the payment date. In the event any charge is not successful, I authorize AFS to reinitiate the charge up to two times. In the event AFS makes an error in processing a charge, I authorize AFS to initiate a charge to correct the error. If any information I provided to AFS regarding my account or financial institution is missing or erroneous, I authorize AFS to verify and correct such information.

This Authorization will remain in effect until my account is paid in full unless I terminate this authorization by either calling AFS during business hours at (888) 253-4239, or writing AFS at P.O. Box 3250, Central Point, OR 97502, at least three business days before AFS initiates the charge I wish AFS to cancel or in such shorter time that allows AFS to act on my request. **I will contact AFS as soon as possible before my payment date if I will not have enough money in my account to cover my payment so that AFS can attempt to stop the payment and arrange for a different method of payment. I understand my financial institution may impose a fee each time a charge is returned unpaid and AFS is not liable for this fee.**

You will need to keep a copy for your records and fax the completed form to 1-844-965-9229 or scan the form and send a Secure Email to mailadmin@actionfinancial.us.com. By signing below, you acknowledge that you have received, saved, printed or made a copy of this Authorization for your records.

Please complete the information below:

I _____ authorize Action Financial Services to withdraw from the account
(Account Holder Name)

option I selected below in the amount of \$ _____ on the _____ day of each month.
(Amount)

Billing Address associated with this bank account _____

City, State, Zip _____

Borrower Name _____ Borrower Phone # _____

Borrowers Signature _____ Date _____

Signature of Bank Holder if different from the Borrower _____

Should you have any questions, please contact Action Financial Services at 888-253-4239. This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Action Financial Services, LLC

Recurring Payment Authorization Form

Borrower Account Number or Social Security Number _____

Please fill out one of the following options:

Debit Card

Account Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Cardholder Name _____
Card Number _____ Expiration Date _____
CVV (3-digit number on back of Visa/MasterCard) _____

Electronic Check

Name as it appears on your account: _____
Routing Number _____ Account Number _____ Check Number _____
Name of the bank the payment will be withdrawn from: _____
Checking or savings: _____ Personal or Business Account: _____
Please provide the above checking information as it appears on the bottom of your check

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Debit Card

Account Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Cardholder Name _____
Card Number _____ Expiration Date _____
CVV (3-digit number on back of Visa/MasterCard) _____

Electronic Check

Name as it appears on your account: _____
Routing Number _____ Account Number _____ Check Number _____
Name of the bank the payment will be withdrawn from: _____
Checking or savings: _____ Personal or Business Account: _____
Please provide the above checking information as it appears on the bottom of your check

Action Financial Services, LLC

Recurring Payment Authorization Form

IMPORTANT DISCLOSURE REGARDING YOUR RECURRING PAYMENTS TERMS:

Payments: Action Financial Services, LLC (AFS) will credit your payments as of the date they are received. We will send you a monthly payment reminder before the scheduled date of transfer.

Business Days: For purposes of these disclosures, our business days are Monday through Friday. Holidays are not included.

Type of Transfer: We may process your payment as early as 12:01 a.m. Pacific Standard Time on the payment date. In the event any charge is not successful, you authorize us to reinitiate the charge up to two times. In the event we make an error in processing a charge, you authorize us to initiate a charge to correct the error. If any information you provided to us regarding your Card or financial institution is missing or erroneous, you authorize us to verify and correct such information.

Contacting AFS: If you notice any problem regarding your payment(s), including any error or unauthorized payment, if you think your payment reminder is wrong or if you need more information about a transfer listed on the payment reminder, please contact Action Financial Services, LLC at (888) 253-4239 between the hours of 8 a.m. to 5 p.m. Pacific Time, Monday through Friday, at our email address of mailadmin@actionfinancial.us.com, or by mail at (address) PO Box 3250 Central Point, Oregon 97502.

Error Resolution: We must hear from you no later than 60 days after you receive the FIRST statement, receipt or payment reminder on which the problem or error appeared. Please provide us with the following information so that we may address your concerns: (1) Tell us your name and account number; (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information (3) Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days, along with any supporting receipts or statements. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we investigate and determine no error was made, we will send you a written explanation. You may ask for copies of documents that we used in our investigation.

Cancellation of Payments: You have the right to cancel this payment arrangement or stop any payment by contacting us at the phone numbers or address above. However, your request to cancel, stop or change your payment date must be made 3 business days or more before the scheduled date of transfer. If you call in this request, we may also require you to put your request in writing and get it to us within 14 days after you call.

AFS's Liability: If you order us to stop one of these payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

Payer's Liability: Cancellation, suspension of your credit card or checking account or insufficient funds to cover your monthly payment can affect your authorized recurring payments and your ability to complete the Student Loan Rehabilitation Program. Notify our office at least 3 business days in advance if you believe you have insufficient funds to cover your payment so that we can attempt to stop the payment and arrange for a different method of payment.

Fees: Your financial institution may impose transaction fees in the normal course of business, or a fee each time a charge is returned unpaid and we are not liable for those fees.

Confidentiality: We will disclose information to third parties about your account or the transfers you make: (i) where it is necessary for completing transfers, or (ii) In order to comply with government agency or court orders, or (iii) If you give us your written permission.

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