

## BORROWER'S ACKNOWLEDGEMENT OF OBLIGATION FORM



The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. Before you can receive additional federal student loans, this form must be completed and returned to the Financial Aid Office.

Student Informa	tion			
Name:				
		First	M.I.	Last
Date of birth:	/	/	Student ID:	OR SSN XXX-XX-

## Title IV Student Aid Consideratons

I do not wish to receive William D. Ford Federal Direct Loans; I wish to apply for Pell Grant only.

## OR

I wish to be considered for federal Title IV student loans. I have included my completed Physician's Certification (or one is already on file with the Financial Aid Office). Additionally, I certify the following:

I am aware that new Title IV student loans cannot later be discharged for any present impairment unless it deteriorates so that I am again permanently disabled.

I am aware that collection activity will resume on any Title IV loans in a post-discharge monitoring period (not applicable to a veteran disability discharge).

- If I am attempting to obtain new loans within the three-year post-discharge monitoring period,
- \* I acknowledge that the suspension of collection activity on the conditionally discharged loan will be lifted.
- In addition, the suspension of collection activity on the conditionally discharged loan must be \* lifted before I (the borrower) can receive the new loan. This means that the loan is no longer conditionally discharged and I am responsible for repaying it.
- Unless my condition substantially deteriorates, the old loan(s) cannot be discharged in the future for any impairment present when I began the conditional discharge or when I tried to get the new loan.

Signature and Affirmation	
Object on the reference	Deter
Student's signature:	Date:
<b>Warning</b> : If you receive student aid based on incorrect information, you may give false or misleading information on this form, you may be fined \$20,000.	
Affirmation: By signing above, I certify that all information I have submitte	d is accurate and verified with supporting documentation.

## **Definitions**

Substantial Gainful Activity A level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Post-discharge monitoring period The three-year period beginning on the date your discharge is approved in which your obligation to repay your discharged federal student loans will be reinstated if: 1) You have annual employment earnings that exceed the Poverty Guideline amount for a family of two in your state, regardless of your actual family size; 2) You receive a new William D. Ford Federal Direct Loan (Direct Loan) Program loan, Federal Perkins Loan (Perkins Loan) Program loan, or TEACH Grant; 3) A disbursement of a Direct Loan, Perkins Loan, or TEACH Grant that you received before the discharge date is made, and you do not ensure the return of the full amount of the disbursement within 120 days of the disbursement date; or 4) You receive a notice from the SSA stating that you are no longer totally and permanently disabled, or that your disability review will no longer be the 5-year or 7-year review period indicated in your most recent SSA notice of award for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.