

Reaffirmation Agreement

OMB No. 1845-0133

Form Approved

Effective 7/31/2022

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WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Section 1: Borrower Identification

Please enter or correct the following information.

Check this box if any of your information has changed.

Social Security Number (SSN): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone - Primary: _____

Telephone - Alternate: _____

Email Address: _____

Section 2: Information About Eligibility

You have lost eligibility for federal student financial aid because you inadvertently received a Direct Loan or FFEL program loan that caused you to exceed the annual or aggregate loan limit

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Borrower Name: _____ **Borrower SSN:** _____

2. After I have reaffirmed the excess loan amount, my school will determine what types and amounts of federal student financial aid I am eligible to receive.
 3. Reaffirmation does not make me eligible to receive additional Direct Subsidized Loans or Direct Unsubsidized Loans if I have no remaining eligibility under the applicable annual or total (aggregate) limit.
- **I promise** to pay the loan holder the excess loan amount shown in Section 3 under the terms of the promissory note that I signed to receive the Direct Loan or FFEL program loan(s) identified in Section 3, plus interest and other charges and fees that may become due as provided in my promissory note.
 - **I authorize** my loan holder and its agents or contractors to contact me regarding my reaffirmation agreement or my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature: _____ **Date(mm/dd/yyyy):** _____

Section 5: Where to Send the Completed Affirmation Agreement

Return the completed form and any documentation to: (If no address is shown, return to your loan holder.)

Section 6: Help With Completing the Application

If you need help completing this form, call: (If no telephone number is shown, call your loan holder.)

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) becomes delinquent or defaults. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive federal student aid, and to determine your eligibility to receive federal student aid.

of information is estimated to average 5 minutes (0.08 hours) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 668.34(d). If you have questions regarding