



# PLUS BORROWER WITH DEPENDENT STUDENT DEFERMENT REQUEST

## Federal Family Education Loan Program

OMB No. 1845-0005  
Form Approved  
Exp. Date 01/31/2009

Use this form only if you have an outstanding balance on a Federal Family Education Loan Program loan that was made before July 1, 1993, or had a balance on a loan that was made before July 1, 1993, at the time you obtained a loan disbursed on or after July 1, 1993.

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

PLUS

### SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone - Home (     ) \_\_\_\_\_

Telephone - Other (     ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

### SECTION 2: DEFERMENT REQUEST

*Before answering any questions, carefully read the entire form, including the instructions and other information in Sections 5, 6, and 7.*

■ I meet the qualifications stated in Section 7 for this deferment and request that my loan holder defer repayment of my loan(s) while the student (named below) for whom I borrowed a PLUS loan is dependent and is (check one):

- Enrolled full-time at an eligible school.
- Enrolled at least half-time at an eligible school (additional conditions apply—see Section 7).
- Engaged full-time in a rehabilitation training program.

Student's Name \_\_\_\_\_ Student's SSN [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

### SECTION 3: BORROWER UNDERSTANDINGS AND CERTIFICATIONS

■ **I understand that:** (1) I am not required to make payments of loan principal during my deferment. However, interest will be charged on my loan(s). (2) I have the option of making interest payments during my deferment. (3) I may choose to make interest payments by checking the box below. My loan holder may capitalize interest that I do not pay during the deferment period.

I wish to make interest payments on my loan(s) during my deferment.

(4) My deferment will begin on the date the condition that qualifies me for the deferment began, as certified by the authorized official who completes Section 4 of this form. (5) My deferment will end on the earlier of the date that I no longer meet the condition that qualifies me for the deferment, or the ending date of that condition as certified by the authorized official. (6) If my deferment does not cover all my past due payments, my loan holder may grant me a forbearance for all payments due before the begin date of my deferment or—if the period for which I am eligible for a deferment has ended—a forbearance for all payments due at the time my deferment request is processed. (7) If I am eligible for a post-deferment grace period on loans made before October 1, 1981, my loan holder may grant me a forbearance on my other loans for this period so that I can begin repayment of all my loans at the same time. I understand that my loan holder may capitalize the interest that accrues on my other loans during the six-month period and that this will increase the principal balance of my other loans. (8) My loan holder may grant me a forbearance on my loans for up to 60 days, if necessary, for the collection and processing of documentation related to my deferment request. Interest that accrues during the forbearance will not be capitalized.

■ **I certify that:** (1) The information I provided in Sections 1 and 2 above is true and correct. (2) I will provide additional documentation to my loan holder, as required, to support my deferment status. (3) I will notify my loan holder immediately when the condition(s) that qualified me for the deferment ends. (4) I have read, understand, and meet the eligibility criteria of the deferment for which I have applied, as explained in Section 7.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief, that the dependent student named above is/was enrolled at an eligible institution or engaged in the program indicated in Section 2, and that the dependent student and (if applicable) the dependent student's program meet all the eligibility requirements specified in Section 7 on the following page.

Is/was enrolled as (**check the appropriate box**)  a full-time student or  at least a half-time student

during the academic period from [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] to [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] and is reasonably expected to complete his/her program requirements on [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] .

Is/was engaged full-time in a rehabilitation training program that began on [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] and will end/ended on [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] .

Name of Institution/Facility \_\_\_\_\_ OPE-ID (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name/Title of Authorized Official \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Authorized Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM**

Type or print using dark ink. Report dates as month-day-year (MM-DD-YYYY). For example, 'January 31, 2006' = '01-31-2006'. An authorized school/program official must complete Section 4. If you need help completing this form, contact your loan holder.

**Return the completed form and any required documentation to the address shown in Section 8.**

### **SECTION 6: DEFINITIONS**

■ **Authorized certifying officials:**

- Authorized School Official (for dependent students enrolled full-time or at least half-time at an eligible institution)
- Authorized Rehabilitation Training Program Official

■ **Capitalization** is the addition of unpaid interest to the principal balance of my loan. This will increase the principal and the total cost of my loan.

■ A **deferment** is a period during which I am entitled to postpone repayment of the principal balance of my loan(s). The federal government pays the interest that accrues during an eligible deferment for all subsidized Federal Stafford Loans and for Federal Consolidation Loans for which the Consolidation loan application was received by my loan holder **(1)** on or after January 1, 1993, but before August 10, 1993, **(2)** on or after August 10, 1993, if it includes **only** Federal Stafford Loans that were eligible for federal interest subsidy, or **(3)** on or after November 13, 1997, for that portion of the Consolidation loan that paid a subsidized FFEL Program Loan or a subsidized Federal Direct Loan. I am responsible for the interest that accrues during this period on all other FFEL Program loans.

■ The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.

■ **Forbearance** means permitting the temporary cessation of payments, allowing an extension of time for making payments, or temporarily accepting smaller payments than previously scheduled. I am responsible for paying the interest on my loan(s) during a forbearance. If I do not pay the interest that accrues, the interest may be capitalized.

■ The **holder** of my FFEL Program loan(s) may be a lender, guaranty agency, secondary market, or the U.S. Department of Education.

### **SECTION 7: ELIGIBILITY CRITERIA FOR PLUS BORROWER WITH DEPENDENT STUDENT DEFERMENT REQUEST**

To qualify:

■ To receive a deferment based on my dependent student's full-time or at least half-time enrollment at an eligible school, I must have an outstanding balance on a FFEL Program loan which was made **on or after July 1, 1987, and before July 1, 1993**, or I must have had an outstanding balance on a FFEL Program loan made **before July 1, 1993**, when I obtained a loan disbursed **on or after July 1, 1993**. To receive a deferment based on my dependent student's full-time engagement in a rehabilitation training program, I must have an outstanding balance on a FFEL Program loan which was made **before July 1, 1993**, or I had an outstanding balance on a FFEL Program loan made **before July 1, 1993**, when I obtained a loan disbursed **on or after July 1, 1993**.

■ I may defer repayment of my loan(s) while the student for whom I borrowed a Federal PLUS Loan is dependent and is:

- Enrolled full-time at an eligible school.
- Enrolled at least half-time at an eligible school.
- Engaged full-time in a rehabilitation training program. To qualify: **(1)** The training program must **(a)** be licensed, approved, certified or recognized as providing rehabilitation training to disabled individuals by the Department of Veterans Affairs or a state agency responsible for vocational rehabilitation, drug abuse treatment, mental health services, or alcohol abuse treatment programs; **(b)** provide services under a written individualized plan that specifies the date the services are expected to end; and **(c)** be structured in a way that requires a substantial commitment by the student to his/her rehabilitation. ("Substantial commitment" means a commitment of time and effort that would normally prevent a person from being employed 30 or more hours per week in a position expected to last at least three months.) **(2)** The dependent student must be either receiving, or scheduled to receive, these rehabilitation services.

### **SECTION 8: WHERE TO SEND THE COMPLETED DEFERMENT REQUEST**

**RETURN THE COMPLETED DEFERMENT REQUEST AND ANY REQUIRED DOCUMENTATION TO:  
(IF NO ADDRESS IS SHOWN, RETURN TO YOUR LOAN HOLDER)**

## **SECTION 9: IMPORTANT NOTICES**

### **Privacy Act Notice**

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authority for collecting the requested information from and about you is §428(b)(2)(A) *et seq.* of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1078(b)(2)(A) *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

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 Program, 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) become delinquent or in default. 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 a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions efficiently to submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

### **Paperwork Reduction Notice**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0005. The time required to complete this information collection is estimated to average 0.16 hours (10 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. ***If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:***

U.S. Department of Education, Washington, DC 20202-4651

***If you have any comments or concerns regarding the status of your individual submission of this form, write directly to the address shown in Section 8.***