

**1. INSTRUCTIONS**

This form allows you to request a waiver for the Parent PLUS Loan due to extenuating circumstances. If approved, your dependent student can be considered for the additional Federal Direct Student Unsubsidized Loan.

**Incomplete forms will delay processing. If a section does not pertain to you, indicate zero or not applicable (N/A). Do not leave any spaces blank.**

**2. STUDENT INFORMATION**

\_\_\_\_\_ Last Name    \_\_\_\_\_ First Name    \_\_\_\_\_ Student Identification Number

**3. REASON FOR APPEAL**

REASON	INSTRUCTIONS
I have filed for bankruptcy and cannot incur any additional loan debt. Bankruptcy Begin Date: _____	Attach documentation from bankruptcy court stating this reason as a condition of the bankruptcy filing and proceed to SECTION 5.
I receive public assistance	Proceed to SECTION 5.
I receive disability benefits	Proceed to SECTION 5.
I applied for a Parent PLUS loan and was approved, but cannot afford to repay the loan	Proceed to SECTION 4.
Other: _____	Attach documentation as applicable and proceed to SECTION 5.

**4. DEBT TO INCOME RATIO WORKSHEET**

MONTHLY DEBT	AMOUNTS
Rent/Mortgage	\$
Property Taxes (do not include if impounded into mortgage)	\$
Homeowner's/Renters Insurance	\$
Car Loans	\$
Student/Parent Education Loans in Repayment	\$
Minimum Credit Card Payments	\$
Alimony/Child Support	\$
Other Installment Loan Payments	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
<b>Total Recurring Monthly Debt</b>	<b>\$</b>

TOTAL MONTHLY INCOME	AMOUNTS
Gross Wages Parent 1	\$
Gross Wages Parent 2 (if applicable)	\$
Pension/Social Security	\$
Interests/Dividends	\$
Alimony/Child Support Received	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
<b>Total Monthly Income</b>	<b>\$</b>

SID # \_\_\_\_\_

**5. CERTIFICATION AND SIGNATURES**

If you are the student or parent, by signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***Print, sign and email as a PDF form to [fadocs@ucr.edu](mailto:fadocs@ucr.edu). Processing timelines apply.***