

## **Request to Stop or Reduce Offset of Social Security Benefits**

### **IMPORTANT! Read and Follow These Instructions Carefully Or Reduction of Your Social Security Benefits Will Occur You Have 30 Days to Comply**

This package has been sent to you at your request. You recently notified the U.S. Department of Education, Federal Student Aid, that your social security benefits have been or will be reduced (offset) in order to pay a defaulted student financial aid debt you owe to the Department. You further stated that the reduction of your benefits will result in financial hardship for you.

Based on your request, the Department may have requested that the U.S. Department of the Treasury temporarily suspend the offset of your benefits in order to evaluate your objection. Please note that it may take up to one month to stop the offset of your Social Security payments. Therefore, a payment may be offset after we submit the request.

If you do not follow the instruction in this letter and submit all required documents within 30 days of the date you requested this package, the offset of your benefits will resume. Return all completed forms and documentation to:

U.S. Department of Education  
Default Resolution Group  
P.O. Box 5609  
Greenville, TX 75403-5609

If you have stated that you are both eligible for discharge and that offset will cause financial hardship, you should return the necessary documentation for both your discharge request and your request for hardship review.

#### **If You Believe that Offset of your Social Security Benefits Will Cause Financial Hardship**

1. Enclosed with this notice is a "Statement of Financial Status" form. Complete every field on this form. If an answer is zero, write zero.
2. Include proof of your household income for both you and your spouse, including two most recent pay stubs and a copy of your most recent federal income tax return.
3. Include proof of your household expenses, such as copies of monthly bills and cancelled checks.
4. Do not list as an expense monthly payments on a credit card if the items purchased by that credit card can be listed under another expense category. Include those payments under the appropriate expense category. For example, payments on credit cards used to purchase clothing should be listed under clothing expenses.
5. If you are paying some expenses quarterly or annually, such as automobile insurance, calculate the amount that would be due if these expenses were paid monthly, and put that amount in the space provided.
6. Include a copy of the notification of offset that you received from the U.S. Department of the Treasury's Bureau of the Fiscal Service, Debt Management Service (FMS). If you do not have a copy of this notice you may request one by calling FMS at 800-304-3107.

**Important:** If you do not submit all required documents *within 30 days* of the date you requested this package, the offset of your benefits will resume. Please call us at 800-621-3115 if you have any questions.

**If You Believe that You Are Disabled and Qualify for Loan Cancellation on that basis:**

Discharge provisions for the Department's student loan programs are established by law. Loans can be discharged if the borrower is totally and permanently disabled. In order to qualify for discharge of a student loan debt, the borrower must submit a discharge application approved by the Department and be totally and permanently disabled. For information regarding loan discharge due to total and permanent disability or to request a discharge application, you should visit [www.disabilitydischarge.com](http://www.disabilitydischarge.com) or contact the Department's Federal Disability Discharge Loan Servicing Center (Nelnet Total and Permanent Disability Servicer) at:

U.S. Department of Education  
Nelnet Total and Permanent Disability Servicer  
P.O. Box 87130  
Lincoln, NE 68501-7130  
1-888-303-7818  
[DisabilityInformation@Nelnet.net](mailto:DisabilityInformation@Nelnet.net)

**Important:** If you do not submit a discharge application within 30 days of the date you requested this package, the offset of your benefits will resume. Please call us at 1-800-621-3115 if you have any questions.

**If You Believe You Are Eligible for Other Types of Loan Forgiveness**

If you stated that you are eligible for discharge (forgiveness) of your debt for a reason other than disability (for example, the school you attended closed while you were attending, or you withdrew early from the school and believe that you did not receive credit for a refund you were owed by the school) the appropriate discharge application form is enclosed.

The Department recommends that you keep for your records a copy of any discharge application you submit. You may visit our Web site at [www.myeddebt.com](http://www.myeddebt.com) for further information on other types of discharge and to download copies of the appropriate applications.

**Important:** If you do not submit any applicable discharge application within 30 days of the date you requested this package, the offset of your benefits will resume. Please call us at 1-800-621-3115 if you have any questions.

## STATEMENT OF FINANCIAL STATUS – INSTRUCTIONS

This Statement of Financial Status form is in response to your request to stop or reduce the amount offset from your Social Security payments. In order to determine a payment amount that is affordable for you, you must complete and return the form.

### **Instructions:**

1. Complete every field on this form. If an answer is zero, write zero.
2. Include proof of your household income for both you and your spouse (two most recent pay stubs and Federal income tax returns), and proof of your expenses (such as copies of monthly bills and/or cancelled checks).
3. Do not include monthly payment on credit cards if the items purchased by that credit card fit under an expense category listed here. Include those costs under the expense category. For example, payments required on department store credit cards used to purchase clothing should be listed under clothing expenses.
4. If you are paying some expenses quarterly or annually, such as automobile insurance or property taxes, calculate the amount that would be due if these expenses were paid on a monthly basis and put that amount in the space provided.
5. Include a copy of the notification of offset that you received from the U.S. Department of the Treasury's Bureau of the Fiscal Service, Debt Management Service (FMS). If you do not have a copy of this notice, you may request one by calling FMS at 1-800-304-3107.
6. Return the completed form to:  
  
U.S. Department of Education  
Default Resolution Group  
P.O. Box 5609  
Greenville, TX 75403-5609
7. We will notify you in writing once we determine an acceptable monthly payment amount. You may call 1-800-621-3115 if you need further assistance.

**STATEMENT OF FINANCIAL STATUS – TOP HARDSHIP – SSA**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Amount you are proposing to pay each month: \$ \_\_\_\_\_

Address: \_\_\_\_\_

County in which you live: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone: \_\_\_\_\_

Number of dependents (as defined by IRS) including self: \_\_\_\_\_

Marital status (married, single, divorced): \_\_\_\_\_

Spouse's name and SSN: \_\_\_\_\_

**Monthly Income:**

NOTE: Gross income is income before any deductions such as taxes. Net income is your take-home pay. Include a copy of recent pay stubs and Federal tax returns for you and your spouse.

Your average monthly income                      Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

Your spouse's monthly income                      Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

Other contributing resident(s) monthly income                      Net \$ \_\_\_\_\_

Other (child support, etc.) Describe \_\_\_\_\_ Net \$ \_\_\_\_\_

**Monthly Expenses:**

Rent/Mortgage                      (To Whom \_\_\_\_\_) \$ \_\_\_\_\_

Property Tax                      (To Whom \_\_\_\_\_) \$ \_\_\_\_\_

Home/Renter Insurance (To Whom \_\_\_\_\_) \$ \_\_\_\_\_

Food                      \$ \_\_\_\_\_      Electricity                      \$ \_\_\_\_\_      Water/Sewer                      \$ \_\_\_\_\_

Clothing                      \$ \_\_\_\_\_      Natural Gas                      \$ \_\_\_\_\_      Garbage                      \$ \_\_\_\_\_

Basic Phone                      \$ \_\_\_\_\_      Car Pymnt 1                      \$ \_\_\_\_\_      Car Pymnt 2                      \$ \_\_\_\_\_

Car Insurance \$ \_\_\_\_\_      Public Trans                      \$ \_\_\_\_\_      Gas & Oil                      \$ \_\_\_\_\_

Medical insurance payment not deducted from paycheck                      \$ \_\_\_\_\_

Medical co-payments and expenses not covered by insurance                      \$ \_\_\_\_\_

Monthly Child care expenses (number of children: \_\_\_\_\_) \$ \_\_\_\_\_  
Monthly Child support (number of children: \_\_\_\_\_) \$ \_\_\_\_\_

List any other monthly expenses below:

1) \_\_\_\_\_ \$ \_\_\_\_\_  
2) \_\_\_\_\_ \$ \_\_\_\_\_  
3) \_\_\_\_\_ \$ \_\_\_\_\_

**Assets:**

Bank Account 1 (Bank Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Bank Account 2 (Bank Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Bank Account 3 (Bank Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Stocks/Bonds (Bank Name: \_\_\_\_\_) \$ \_\_\_\_\_  
Home Value \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_  
Car 1 (Year, Make, Model: \_\_\_\_\_) Value \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_  
Car 2 (Year, Make, Model: \_\_\_\_\_) Value \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_

Please sign the declaration below:

I declare under penalties provided by 18 U.S.C Section 1001, that the answers and statements contained herein are to the best of my knowledge and belief true, correct and complete.

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 false, fictitious or fraudulent statements or representation...shall be fined not more than \$10,000.00, or imprisoned not more than five years, or both”.

**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 employers, 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.