

Student Loan Questionnaire

Name: _____ Spouse Name: _____

Address: _____ Phone #: _____
 _____ E-Mail: _____@_____

Overall Loan Debt

Federal: \$ _____
 State: \$ _____
 Private: \$ _____
Total: \$ _____

Federal Loan Debt

Loan Program ¹	Date Borrowed	Borrower (H/W)	Int. Rate (%)	Current Balance

Are you in forbearance or deferment? F/D/N

If not, please place an asterisk (*) next to each loan above where you are more than 9 payments behind.

Household & Employment Information

Married: Y/N If Married, do you file joint tax returns? Y/N Family Size:² _____

Employed: Y/N Full Time:³ Y/N Employed by Government⁴ or Charity⁵: Y/N

Adjusted Gross Income (AGI) from Last Tax Year: \$ _____

Did you file as Married or Head of Household? M/HH

Are your wages being garnished? Y/N

¹ Stafford, Parent PLUS, Graduate PLUS, or Perkins. Also note all FFEL Loans with an asterisk (*).

² Includes borrower, spouse, and all children supported at least half the time, regardless of tax status or physical custody. Also household members supported at least half the time.

³ At least 30 hours/week.

⁴ Federal, State, County, or Municipal. NOT a government contractor.

⁵ Qualified under IRC §501(c)(3).

Documents for Pre-Analysis Review Federal Loans

In order to provide the best initial analysis of your matter, please send the following information. Include a copy of this checklist.

- NSLDS Website printout – this is a must, no federal loan review can occur without this. To get this, go to www.NSLDS.ed.gov. You will need a PIN. If you filled out your FAFSA online, it is the same PIN. If you do not have a PIN, or lost it, you can request one through this website. Once logged in, you will see a summary page. Print or save this as a PDF. Do not cut and paste it into a Word document or e-mail. After you do this, click on each loan listed and again print or save as a PDF.
- Copy of your most recently filed federal tax return. Attachments, schedules, and W-2s need not be included – only the 1040/1040A/1040EZ is required.
- For each loan, set forth your current monthly payment (whether you are paying it or not).
- Your budget showing monthly income and expenses – proof of expenses is not required.
- Your Family Size: ____*

* Your family size is determined by counting you, your spouse, and your children if the children receive at least half their support from you. Your family size also includes other individuals if they (1) live with you and (2) receive at least half their support from you and will continue to receive this support for the next year. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs. You do not have to claim people as a dependent on your taxes for this particular number. For example, if you are divorced and contribute at least half of the support for a child that does not live with you or that you do not claim as a dependent on your taxes, you would still count that child for this number.

MONTHLY EXPENSES

Rent (include lot rented for mobile home)	\$ _____
Mortgage	\$ _____
Are real estates taxes included? yes _____ no _____	
Is property insurance included? yes _____ no _____	
Utilities:	
Electric & Heating Fuel.....	\$ _____
Water & Sewer	\$ _____
Telephone	\$ _____
Cable TV	\$ _____
Other	\$ _____
Home maintenance (repairs & upkeep)	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry & Dry Cleaning	\$ _____
Medical & Dental expenses not paid by insurance	\$ _____
Transportation (Gasoline, tolls, maintenance/repairs, do not include car payment here).....	\$ _____
Recreation, clubs, entertainment, newspapers, magazines, etc.	\$ _____
Charitable contributions	\$ _____
Insurance (do not include expenses deducted from wages or included in mortgage payments	
Homeowner's or renter's	\$ _____
Life	\$ _____
Health.....	\$ _____
Auto	\$ _____
Other	\$ _____
Taxes (not deducted from wages nor included in mortgage payments).....	\$ _____
Installment payments:	
Auto	\$ _____
Other	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of additional dependents not living at your home	\$ _____
Regular expenses for operation of business, profession or farm (attach itemized statement)	\$ _____
Other: _____	\$ _____
_____	\$ _____
 TOTAL MONTHLY EXPENSES:	 \$ _____