

## **Parent PLUS Loan Override**

## Office of Financial Aid

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Name:	UF ID #:
UF E-mail:	D.O.B.:
Parent Name:	
Instructions	
In certain situations, a dependent undergraduate stude be eligible for an additional Federal Direct Unsubsidized	nt whose parent(s) are unable to obtain or repay a Federal Direct PLUS Loan may d Loan.
Complete this form in its entirety and attach documents for the current academic year only.	ation to support your request for a Parent PLUS Loan Override. Overrides are valid
Special Circumstance and Documentation Requirements (To Be Completed by Parent)	
Check the box that applies to you and submit the reque submitted.	ested documentation. Write your student's UF ID # on the top of each document
Reason for Request	Required Documentation
1. ☐ I am on a fixed income (i.e. public assistance, disability benefits, social security, etc.).	- Attach supporting documentation to identify the benefit and amount, such as a statement from the Social Security Administration Office, etc.
2.   I am not a U.S. Citizen, National, Permanent  Resident or Eligible Non-Citizen.	- Country of Citizenship: Current U.S. Residency Status (check one): Not Applying for U.S. Residency
	Applying for U.S. Residency (Application Date:)
3.   I have filed for bankruptcy within the last 5 years and as a condition of my bankruptcy filing I am not allowed to incur any additional debt.	- Attach a copy of the filed bankruptcy paperwork (with parent name and stamp of court to indicate that the paperwork has been filed) or letter from bankruptcy court or court trustee stating that as a condition of bankruptcy filing, the parent may not incur any additional debt.
4. ☐ I am currently incarcerated.	- Attach proof of incarceration.
5.   I currently have Federal Student Loans in default.	- Attach proof of current status of loans.
Certification and Signature	
statement or misrepresentation will be cause for denial, reduc	complete and accurate to the best of my knowledge. I further understand that any false ction, withdrawal, and/or repayment of financial aid. Also purposely giving false or misleadnces, or both. I authorize the University of Findlay to make any change(s) necessary as a
Student Signature:	Date:
Parent Signature:	Date: