Access Group Loan Servicing
P.O. Box 7450 • Wilmington, Delaware 19803-0450
877-472-3227 • *AccessGroup.Org*

Access Group Income-Based Repayment Plan Application Instructions

Instructions

The amount of your monthly payment under the Income-Based Repayment (IBR) plan is based on current income information you (and your spouse if you are married and file jointly) provide and is reevaluated annually.

IBR may not provide you with the lowest monthly loan payment on your eligible federal student loans (including Federal Consolidation Loans). In IBR, your monthly payment when experiencing a "partial financial hardship" is based on your household's adjusted gross income (AGI), household size, the federal poverty guideline and your state of residence. As your AGI increases so will your monthly loan payment in IBR. As such, your monthly payment may be lower in certain situations using other repayment plans such as the Extended Repayment Plan. Calculators that allow you to estimate your monthly federal student loan payment under each of the available repayment plans are available at *MappingYourFuture.Org*.

By completing this application, you are requesting enrollment into IBR, and as long as you are eligible we will comply with your request, regardless of whether your monthly payment increases or decreases. Because your eligibility and the amount of your monthly payment under the IBR plan will be calculated in relation to your "Disposable" Income, you will be asked to provide certain income information. Please see the checklist below for the documentation that is required for your IBR application to be processed.

For your request for Income-Based Repayment to be processed, **you must complete and submit**:

- ☐ Federal Family Education Loan Program Income-Based Repayment Plan Application
- ☐ IRS Form 4506-T

In addition, you must also submit <u>one</u> of the below as income verification:

- ☐ A signed copy of first 2 pages of your most recently filed Federal Tax Return (if you filed one)
  - If you filed electronically, you must sign your Tax Return form prior to submitting
- ☐ Alternative Documentation of Income Form for IBR

  Complete this form if:
  - You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and your adjusted gross income (AGI), as reported on your most recently filed federal tax return, does not reasonably reflect your current income (and/or your spouse's current income, if you are married and file a joint federal tax return).
  - You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have not been required to file a federal tax return.
  - You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have been notified that the Internal Revenue Service (IRS) is unable to provide your loan holder with your AGI.
  - You are already in IBR but are requesting a recalculation of your Partial Financial Hardship (all reevaluation requests must include both a new IBR Application and a new Alternative Documentation of Income Form).

  When submitting alternative documentation of your income, you must also attach the required documentation as specified in Section 4 of the form, complete and sign Section 5, and return to the address shown in Section 6. If you are married and file a joint federal tax return, you and your spouse must both sign in Section 5.

These forms must be submitted to Access Group, you may return by mailing to the address provided above or the information can be returned by faxing to 302-476-3555.

If you have any questions or need assistance completing these forms, please contact a servicing team member at 877-472-3227, Monday through Friday, 9:00 a.m. to 8:00 p.m. ET.

Federal Family Education Loan Program (FFELP)

Income-Based Repayment Plan Application

Use this form for initial determination of your eligibility to repay eligible FFELP loans under the Income-Based Repayment (IBR) plan or for the required annual reevaluation of eligibility to pay under the IBR plan.

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

SSN |__|__|__|-|__|__|-|__|__|__|__|

Name ______________________________

Address ______________________________

City, State, Zip Code ______________________________

Telephone - Home ( ) ______________________________

Telephone - Other ( ) ______________________________

E-mail Address (Optional)

SECTION 2: INFORMATION AND INSTRUCTIONS

Before answering any questions, carefully read the entire form, including the instructions and other information in Sections 6, 7, and 8.

The IBR plan is available for FFELP loans except a loan that is in default, a Federal PLUS Loan made to a parent borrower, or a Federal Consolidation Loan that repaid a Federal PLUS Loan or Federal Direct PLUS Loan made to a parent borrower. To initially qualify for the IBR plan, you must have a partial financial hardship. You are considered to have a partial financial hardship if the annual amount due on all of your eligible loans exceeds 15 percent of the difference between your adjusted gross income (AGI) as shown on your federal income tax return and 150 percent of the poverty line amount for your family size. The annual amount due is calculated as of the time you initially entered repayment using a standard repayment plan with a 10-year repayment period. If you are married and you and your spouse file a joint tax return, your AGI includes your spouse's income. You must provide your loan holder with a consent to the disclosure of certain federal tax return information by the Internal Revenue Service (IRS) in order for your loan holder to determine your eligibility for the IBR plan. If your AGI is not available from the IRS or does not reasonably reflect your current income, your loan holder may require you to provide alternative documentation of your income that will be used to determine your IBR plan eligibility and payment amount.

To be considered for the IBR plan, you must provide the holder of the eligible FFELP loans you wish to repay under the IBR plan with the following:

- Your consent for the IRS to disclose your AGI and certain other federal tax return information. (See the enclosed Form 4506-T.)
- Certification of your family size. (See Section 3.)
- Information on loans you have that are eligible for the IBR plan. (See Section 4.)
- Additional documentation your loan holder may require.

If you have eligible loans held by two or more loan holders and want to repay them under the IBR plan, you must request the IBR plan from each holder.

Following your completion of this form and Form 4506-T, submit them promptly; the IRS will not accept a document if more than 60 days have passed since it was signed.

Your application for the IBR plan will be processed for all of your eligible loans with the loan holder unless you notify your loan holder otherwise.

Contact your loan holder regarding forbearance if you need payment relief while your application for the IBR plan is processed.

SECTION 3: FAMILY SIZE

Enter your family size number on the line below. Your family size includes you, your spouse, and your children (including unborn children who will be born during the year for which you certify your family size), if they will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you certify your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.

Family Size _________ Note: If you fail to certify your family size, your loan holder will assume a family size of one.

SECTION 4: OTHER ELIGIBLE FFELP AND DIRECT LOANS

Enter below your other loans eligible for the IBR plan, both FFELP loans that are held by another holder and Federal Direct Loan Program (Direct) loans held by the U.S. Department of Education. Information on these loans is needed to determine your eligibility for and the appropriate monthly payment amount for the loans in the IBR plan you are requesting or renewing when you submit this form. List each loan on a separate line and provide the information in each column. Information you need to provide the required information is available in your loan documents, such as the last monthly billing statement you received or your coupon book, or on the Internet site of your loan holder or servicer or the National Student Loan Data System (www.nslds.ed.gov). To complete column "f", refer to the initial repayment disclosure you received when you first entered repayment or contact your loan holder or servicer.

a – Enter "FFELP" or "Direct" to indicate the loan program.
b – Enter the type of loan as "Stafford", "Grad PLUS", "SLS", "ALAS", "FISL", or "Consolidation". Note: Do not include any PLUS loan made to a parent borrower or Consolidation loan that repaid a parent PLUS loan.
c – Enter the name of the loan holder.
d – Enter your loan account number with the holder for the loan.
e – Enter the estimated outstanding balance of the loan.
f – Enter your initial standard monthly payment. (See Section 7.)

If there is insufficient space below to enter all of your other FFELP and Direct loans eligible for the IBR plan, write the required information for additional loans on a separate page and attach it when you submit this form.

a Loan Program FFELP or Direct	b Loan Type	c Loan Holder	d Loan Account Number	e Estimated Outstanding Balance	f Initial Standard Monthly Payment

SECTION 5: BORROWER REQUEST, AUTHORIZATION, CERTIFICATION AND FORBEARANCE NOTIFICATION

I request to repay under the IBR plan my eligible FFELP loans held by the holder to which I submit this application and other required documentation.

I authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan request(s) or my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I certify that the information I have provided on this form is true, complete and correct to the best of my knowledge and belief and is made in good faith.

I agree a forbearance may be granted with respect to payments of interest and principal that are overdue or would be due at the time I enter the IBR plan.

Borrower Signature ______________________________ Date (mm-dd-yyyy) ________________

SECTION 6: INSTRUCTIONS

Type or print using dark ink. 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 9.

SECTION 7: DEFINITIONS

- **Capitalization** is the addition of unpaid interest to the principal balance of your loan. This will increase the principal and the total cost of your loan.
- 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. You are responsible for paying the interest that accrues on your loan(s) during a forbearance. If you do not pay the interest that accrues, the interest may be capitalized.
- The **holder** of your FFEL Program loan(s) may be a lender or secondary market.
- **Income-based repayment** is a repayment plan with payments based on income and family size. Features of the IBR plan include:
    - To qualify you must demonstrate you have a **partial financial hardship** which means the annual amount due on all of your eligible loans exceeds 15 percent of the difference between your adjusted gross income (AGI) as shown on your federal income tax return and the poverty line income amount for your family size. The annual amount due is calculated as of the time you initially entered repayment using a standard repayment plan with a 10-year repayment period. Your AGI includes your spouse's income if you are married and you and your spouse file a joint federal income tax return.
    - When you have a partial financial hardship, your monthly payment will not exceed one-twelfth of 15% of the amount your AGI exceeds 150% of the poverty line income amount for your family size.
    - Your payment amount for the IBR plan will be evaluated and established each year. After entry into the IBR plan, you must annually provide documentation if you want a payment based on your having a partial financial hardship.
    - For any year you do not have a partial financial hardship, your payment amount will be the payment amount for your loan(s) under the standard repayment plan at the time you initially entered the IBR plan, based on a 10-year repayment period.
    - In some circumstances your payment amount may not cover all interest that accrues, and your debt may increase. The federal government will pay unpaid interest on your subsidized Stafford loan(s) for the first 3 consecutive years of your IBR plan repayment period.
    - Accrued interest is capitalized at the time you choose to leave the IBR plan or no longer have a partial financial hardship.
    - If after 300 months of qualifying payments and/or use of economic hardship deferment, your loan(s) is not repaid in full, any remaining debt will be submitted for forgiveness.
- **Initial standard monthly payment** is what your monthly payment would have been under a standard, 10-year payment schedule, based on the outstanding balance when you first entered repayment. You can obtain this amount from the repayment disclosure you received at that time in most circumstances. Otherwise. you may need to contact your loan holder to obtain this information.
- **Loans eligible for the IBR plan** are FFELP loans except a loan that is in default, a Federal PLUS Loan made to a parent borrower, or a Federal Consolidation Loan that repaid a Federal PLUS Loan or Federal Direct PLUS Loan made to a parent borrower.
- **Loans ineligible for the IBR plan** include a FFELP loan in default, a Federal PLUS Loan made to a parent borrower, a Federal Consolidation Loan that repaid a Federal PLUS Loan or Federal Direct PLUS Loan made to a parent borrower, a Federal Perkins Loan, a HEAL loan, and any private education loan.

SECTION 8: HOW TO DETERMINE IF YOU ARE ELIGIBLE

You can visit an IBR plan calculator available at studentaid.ed.gov to enter your debt and income information and receive an evaluation of your eligibility for the IBR plan and an estimate of your IBR plan payment amount. The calculator is for informational purposes only; your loan holder will make the official determination of your eligibility and payment amount based on your application and other required documentation.

SECTION 9: WHERE TO SEND THE COMPLETED INCOME-BASED REPAYMENT APPLICATION

Return the completed IBR application and any required documentation to:
(If no address is shown, return to your loan holder.)

access group®

P.O. Box 7450
Wilmington, DE 19803-0450

If you need help completing this form, call:
(If no telephone number is shown, call your loan holder.)

877-472-3227

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

► **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

► **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Access Group Loan Servicing
P.O. Box 7450
Wilmington, DE 19803-7450

Caution: ***DO NOT SIGN*** *this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.*

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► ____________

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

___/___/_____ ___/___/_____ ___/___/_____ ___/___/_____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a
(   )

Sign Here

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. *You can also call 1-800-829-1040 to request a transcript or get more information.*

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705–B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Federal Family Education Loan Program (FFELP)
Income-Based Repayment (IBR) Plan
Alternative Documentation of Income

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

SSN |__|__|__|-|__|__|-|__|__|__|__|

Name ________________________________

Address ________________________________

City, State, Zip Code ________________________________

Telephone - Home ( ) ________________________________

Telephone - Other ( ) ________________________________

E-mail Address (Optional) ________________________________

SECTION 2: INSTRUCTIONS

Complete this form if:

- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and your adjusted gross income (AGI), as reported on your most recently filed federal tax return, does not reasonably reflect your current income (and/or your spouse's current income, if you are married and file a joint federal tax return).
- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have not been required to file a federal tax return.
- You want to repay or continue to repay your eligible FFELP loan(s) under the IBR plan and you have been notified that the Internal Revenue Service (IRS) is unable to provide your loan holder with your AGI.

The amount of your monthly payment under the IBR plan is based on the current income information you (and your spouse if you are married and file jointly) provide and is reevaluated annually. To submit alternative documentation of your income, you must attach the required documentation specified in Section 4, complete and sign this form in Section 5, and return it to the address shown in Section 6. If you are married and file joint federal tax returns, your spouse must also sign in Section 5.

SECTION 3: SPOUSE INFORMATION (IF YOU ARE MARRIED AND FILE A JOINT FEDERAL TAX RETURN)

Name ________________________________

Last First Middle Initial

Address ________________________________

No. and Street City State Zip Code

SECTION 4: INCOME INFORMATION (MUST BE COMPLETED BY THE BORROWER AND THE BORROWER'S SPOUSE, IF MARRIED AND FILING JOINTLY)

You must list all taxable income you are currently receiving (for example, income from employment, unemployment income, dividend income, interest income, tips, alimony). Include the amount of money received, how often you receive this money, and your employer or the source of the income. If you are married and file a joint federal tax return, you must also list your spouse's income and provide documentation of this income. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance. If there is insufficient space below to enter all of your sources of income, write the required information for additional income on a separate page and attach it when you submit this form. Your IBR plan eligibility will be determined using a calculated annual income amount based on the frequency indicated in the table below.

You must provide supporting documentation for all income reported in this section (for example, pay stubs, letters from your employer containing your income, interest or bank statements, dividend statements, canceled checks, or, when these forms of documentation are unavailable, a signed statement explaining your income source(s) and giving the addresses of these sources). *All supporting documentation must be no more than 90 days old*.

Amount of Income	Frequency of Income (Check the appropriate box.)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
$	☐	☐	☐	☐	☐	
$	☐	☐	☐	☐	☐	
$	☐	☐	☐	☐	☐	
$	☐	☐	☐	☐	☐	

☐ Check this box if you do not have any income or receive only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.

SECTION 5: AUTHORIZATION, UNDERSTANDINGS, CERTIFICATION AND SIGNATURE (MUST BE COMPLETED BY THE BORROWER AND THE BORROWER'S SPOUSE, IF MARRIED AND FILING JOINTLY)

I authorize the school, the lender, the guarantor, the Department, and their respective agents and contractors to contact me regarding my loan request(s) or my loan(s), including repayment of my loan(s), at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I understand that my income information may be requested from the IRS even if alternative documentation of my income is accepted. I understand that if I am married and file a joint federal tax return with my spouse, my spouse's income information, documentation, and signature are required. I understand I must agree to provide to the loan holder on an annual basis documentation of my income for the purpose of determining my appropriate payment amount under the IBR plan.

I certify that all of the information reported on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

________________________________ ________________

Borrower Signature Date

________________________________ ________________

Spouse Signature Date

SECTION 6: WHERE TO SEND THE COMPLETED IBR ALTERNATIVE DOCUMENTATION OF INCOME FORM

Return the completed IBR Alternative Documentation of Income form and any required documentation to: (If no address is shown, return to your loan holder.)

If you need help completing this form, call: (If no telephone number is shown, call your loan holder.)

access group®

P.O. Box 7450
Wilmington, DE 19803-0450

877-472-3227