

PLEASE TYPE OR PRINT:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

RE: U.S. Department of Education  
Balance: \$ \_\_\_\_\_  
ED Account No.: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

The Creditor, U.S. Department of Education (the Department), has assigned your account to this agency for collection. This letter confirms the repayment agreement on your defaulted account with the U.S. Department of Education. Your initial payment of \$ \_\_\_\_\_ is due immediately, followed by regular monthly payments of \$ \_\_\_\_\_. This agreement applies for the next 6 months. After 6 months you will be required to provide current financial information. Based upon this information your monthly payment amount may change.

If applicable, two copies of a recurring payment authorization form for this repayment agreement are attached, one which is to be signed and returned to our office and the other to be retained for your records. This repayment agreement applies to the following

Debt ID Number(s): \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you fail to meet these terms, this repayment arrangement may be rescinded and further collection activities may be implemented as permitted by federal law. All repayment arrangements are subject to periodic review based on financial information that may be required in the future, and may be changed if it is determined that your ability to make payments has changed. If the Department then determines that your financial status has changed and warrants a larger installment payment, you will be contacted by the Department or its collection agency and obligated to pay that amount.

If you are paying by check, please include the detachable coupon at the top of this notice with your first payment. Send your payments to the address on that coupon. Be sure to include your Social Security Number on the face of your payment instrument. Do not send cash. You will receive monthly billing reminders from the U.S. Department of Education for future payments.

If you have any further questions, you may contact our office at:

Toll Free Telephone Number: 866-633-7945, or outside the U.S. 888-352-7534  
Email: mail@conserve-arm.com  
ConServe  
PO Box 457  
Fairport NY 14450-0457

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.

To submit a complaint, you may call our dedicated complaint telephone number at 888-242-7792, use our dedicated complaint email address (complaint@conserve-arm.com), fax a complaint to our designated complaint fax number at 585-425-2068 or you may submit a complaint at www.payconserve.com

# U.S. Department of Education

## Financial Disclosure Statement

To evaluate a hardship claim, the expenses you claim and support will be compared against averages spent for those expenses by families of the same size and income as yours. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary.

Provide complete information about your family, income, expenses, and assets.

Complete all items. Do not leave any item blank. If the answer is zero, write zero.

Provide documentation of all sources of income. You must submit two (2) most recent pay stubs for yourself, spouse, and all sources of income in your household. You may submit last year's W-2's and 1040 Income Tax Filing as proof of household income. Failure to provide this information and documentation may result in a denial of your claim of financial hardship.

<b>Income</b>
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Name: \_\_\_\_\_ ED Account No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Country: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_ Present Position: \_\_\_\_\_  
 Gross Income: \$ \_\_\_\_\_ Weekly Bi-Weekly Monthly Other \_\_\_\_\_  
 Net Income: \$ \_\_\_\_\_ Weekly Bi-Weekly Monthly Other \_\_\_\_\_

\*\*\*ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS\*\*\*

\*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\*

Number of dependents: \_\_\_\_ (including yourself) Marital status: Married Single Divorced  
 Your spouse's name: \_\_\_\_\_

Gross Income: \$ \_\_\_\_\_ Weekly Bi-Weekly Monthly Other \_\_\_\_\_  
 Net Income: \$ \_\_\_\_\_ Weekly Bi-Weekly Monthly Other \_\_\_\_\_

\*\*\*ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS\*\*\*

\*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\*

Other contributing residents: \_\_\_\_\_  
 Gross Income: \$ \_\_\_\_\_ Weekly Bi-Weekly Monthly Other \_\_\_\_\_  
 Net Income: \$ \_\_\_\_\_ Weekly Bi-Weekly Monthly Other \_\_\_\_\_

\*\*\*ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS\*\*\*  
 \*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\*

Other Income

Child support:	\$ _____	Weekly	Bi-Weekly	Monthly	Other
Alimony:	\$ _____	Weekly	Bi-Weekly	Monthly	Other
Interest:	\$ _____	Weekly	Bi-Weekly	Monthly	Other
Public assistance:	\$ _____	Weekly	Bi-Weekly	Monthly	Other
Other:	\$ _____	Describe: _____			

Please state and explain amounts deducted from your pay on your pay-stubs:

<u>Deductions</u>	<u>Amount</u>	<u>Explanation</u>
Life Insurance:	\$ _____	_____
Medical & Dental Insurance:	\$ _____	_____
401K:	\$ _____	_____
Retirement:	\$ _____	_____
Child Support:	\$ _____	_____
Garnishment:	\$ _____	_____
Other:	\$ _____	_____

**Monthly Expenses**

Shelter

Rent/Mortgage:	\$ _____	Paid to whom: _____
2nd home mortgage:	\$ _____	Paid to whom: _____
Home/Renter insurance:	\$ _____	Paid to whom: _____
Maintenance:	\$ _____	Paid to whom: _____
Other:	\$ _____	Paid to whom: _____

Food and Household

Food Expenses:	\$ _____ (Monthly)
Housekeeping Supplies:	\$ _____ (Monthly)
Clothing & Cleaning:	\$ _____ (Monthly)
Personal Care Services & Expenses:	\$ _____ (Monthly)

Utilities

Electric:	\$ _____	Gas:	\$ _____
Water/Sewer:	\$ _____	Garbage pickup:	\$ _____
Basic telephone:	\$ _____		
Other:	\$ _____	Describe: _____	

Medical

Insurance Premiums:	\$ _____/per month	<i>(Only list payments <u>not</u> deducted from paycheck)</i>
Bill Payments:	\$ _____/per month	<i>(Only list payments <u>not</u> deducted from paycheck)</i>
Other:	\$ _____/per month	Describe: _____

Transportation

Number of cars	_____	2nd Car payment:	\$ _____/per month
1st Car payment:	\$ _____/per month	Public transportation:	\$ _____/per month
Gas and oil:	\$ _____/per month	Parking:	\$ _____/per month
Car insurance:	\$ _____/per month	Describe:	_____
Other:	\$ _____		

Child Care

Child care:	\$ _____/per month	Number of children:	_____
Child support:	\$ _____/per month	Number of children:	_____
Other:	\$ _____/per month	Describe:	_____

Other Expenses

Other Insurance:	\$ _____/per month	Describe:	_____
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Based on this Statement, I think I can afford to pay \$ \_\_\_\_\_ per month.

I declare under penalty of law 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 materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both"

Complete, sign, and return the requested information and documentation to:

ConServe  
PO BOX 457  
Fairport, NY 14450

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 20 U.S.C. 1095a. 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 employees, 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 the Federal Register of June 4, 1999, Vol. 64, p.30166, revised Dec. 27, 1999, Vol. 64, p. 72407. We will send a copy at your request.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

## Recurring Payment Authorization Form

I authorize ConServe to process recurring payments on the established dates, which are Electronic Fund Transfers, including Debit Cards, Checks-by-Phone, or any other form of payment where the Electronic Fund Transfer Act applies, which will result in the transfers of the corresponding funds from my designated bank account, ending with the following four digits: \_\_\_\_\_.

If any payment amount is different from that of the preceding payment, or different from any other preauthorized amount, I understand that I am entitled to receive written notice ten (10) days in advance prior to the scheduled date of the electronic fund transfer.

This is a continuing authorization and I authorize ConServe to process additional future recurring payments, to be processed on the same day(s) of the month or on the next business day, until such time as my loan rehabilitation or other payment program has been successfully completed, or a compromise or payoff of the collection account has occurred.

If you have already returned this authorization form to our office, please disregard this notice.

Print Name: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
ConServe Account Number: \_\_\_\_\_

Please sign and date one copy and retain a copy for your records. Please return a signed copy to our office by fax, email or regular mail as set forth below, and retain the second copy for your records.

Fax: 585-598-6120

Email: [mail@conserve-arm.com](mailto:mail@conserve-arm.com)

Mail: PO Box 457, Fairport NY 14450-0457

Should you wish to confirm that any such payment was processed, please call the following number:  
866-633-7945.