

# ECMC

## FALSE CERTIFICATION OF ABILITY TO BENEFIT

### NOTICE TO BORROWER

To ensure that Educational Credit Management Corporation (ECMC) receives all the information necessary to complete its review of your false certification claim, and to ensure that you understand the steps and obligations involved with your claim, you MUST do the following:

- Thoroughly read all of the documents and forms in this package.
- Fill out the attached loan discharge application in ink. Answer all questions truthfully and to the best of your knowledge.
- Sign the loan discharge application in ink.
- Attach all required documentation.
- Mail the completed form(s) and documentation to the address below.

**ECMC will be unable to complete its review of your request without the required documentation.**

If you have any questions or need additional information, please contact ECMC at the telephone number or address listed below.

#### ECMC

**Attention: Post Default Services**

**P.O. Box 419033**

**Rancho Cordova, CA 95741-9033**

**800.367.1590**



# LOAN DISCHARGE APPLICATION: FALSE CERTIFICATION (ABILITY TO BENEFIT)

OMB No. 1845-0015  
Form Approved  
Exp. Date 10/31/2011

## Federal Family Education Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_

Telephone - Other ( ) \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

### SECTION 2: STUDENT INFORMATION

*Before completing this section, carefully read the entire form, including the instructions, definitions, and terms and conditions in Sections 4, 5, and 6 on this form. If you are a student borrower applying for loan discharge, begin with Item 3. If you are a parent borrower applying for a PLUS loan discharge, begin with Item 1.*

1. Student Name (Last, First, MI): \_\_\_\_\_

2. Student SSN: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

3. School Name: \_\_\_\_\_

4. School Address (street, city, state, zip code): \_\_\_\_\_

5. Dates of attendance at school: From [ ]-[ ]-[ ]-[ ]-[ ]-[ ] To [ ]-[ ]-[ ]-[ ]-[ ]-[ ]

6. Name of the program of study that you (or, for parent PLUS borrowers, the student) were enrolled in at the school: \_\_\_\_\_

7. Did you (or, for parent PLUS borrowers, the student) have a high school diploma or GED at the time of enrollment at the school?

Yes  No **NOTE: If Yes, you are not eligible for a loan discharge based on false certification of ability to benefit.**

8. Did you (or, for parent PLUS borrowers, the student) receive a GED before completing the program of study at the school?

Yes  No If Yes, date GED received: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]

9. Before you (or, for parent PLUS borrowers, the student) were admitted to the school, did the school give an entrance examination to test your (or, for parent PLUS borrowers, the student's) ability to benefit from the program of study listed in Item 6?

Yes  No  Don't Know If No or Don't Know, go to Item 10.

(a) Give the date of the test if you know it:

(b) Give the name of the test if you know it:

(c) Give the score on the test if you know it:

[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

(d) Did anything appear improper about the way the test was given or scored?  Yes  No

If Yes, explain in detail what appeared improper, and provide the name, telephone number and address of anyone who can support your statement (if you need more space, see the instructions in Section 4): \_\_\_\_\_

10. Did you (or, for parent PLUS borrowers, the student) complete a developmental or remedial program at the school?

Yes  No  Don't Know If Yes, list the program name, dates, courses, and grades earned: \_\_\_\_\_

11. Did the holder of your loan receive any money back (a refund) from the school on your behalf?  Yes  No  Don't Know

If Yes, give the amount and explain why the money was refunded: \_\_\_\_\_

12. Did you (or, for parent PLUS borrowers, the student) make any monetary claim with, or receive any payment from, the school or any third party (see definition in Section 5) in connection with enrollment or attendance at the school?  Yes  No  Don't Know If Yes, please provide the following information:

(a) Name/address/telephone number of the party with whom the claim was made or from whom payment was received: \_\_\_\_\_

(b) Amount/status of claim: \_\_\_\_\_

(c) Amount of payment received: \$ \_\_\_\_\_

(Write "none" if no payment was received.)

### SECTION 3: BORROWER CERTIFICATION

My signature below certifies that I have read and agree to the terms and conditions that apply to this loan discharge, as specified in Section 6 on the following page. Under penalty of perjury, I certify that all of the information I have provided on this form and in any accompanying documentation is true and accurate to the best of my knowledge and belief.

Borrower's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

#### SECTION 4: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: June 24, 2006 = 06-24-2006. If you need more space to answer any of the items, continue on separate sheets of paper and attach them to this form. Indicate the number of the item(s) you are answering and include your name and social security number (SSN) on all attached pages.

**Sign and date the form, then send the completed form and any attachments to the address in Section 8.**

#### SECTION 5: DEFINITIONS

- 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.
- The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).
- The **holder** of a borrower's FFEL Program loan(s) may be a lender, a guaranty agency, or the U.S. Department of Education (the Department). The holder of a borrower's Direct Loan Program loan(s) is the Department.
- **Loan discharge** due to false certification of ability to benefit cancels the obligation of a borrower (and endorser, if applicable) to repay the remaining balance on a FFEL Program or Direct Loan Program loan, and qualifies the borrower for reimbursement of any amounts paid voluntarily or through forced collection on the loan. For consolidation loans, only the amount of the underlying loans (the loans that were consolidated) that were used to pay for the program of study listed in Item 6 will be considered for discharge. The loan holder reports the discharge to all credit reporting agencies to which the holder previously reported the status of the loan.
- The **student** refers to the student for whom a parent borrower obtained a Federal PLUS Loan or Direct PLUS Loan.
- **Program of study** means the instructional program leading to a degree or certificate in which you (or, for PLUS borrowers, the student) were enrolled.
- **Third party** refers to any entity that may provide reimbursement for a refund owed by the school, such as a State or other agency offering a tuition recovery program or a holder of a performance bond.

#### SECTION 6: TERMS AND CONDITIONS FOR LOAN DISCHARGE BASED ON FALSE CERTIFICATION (ABILITY TO BENEFIT)

- I received FFEL Program or Direct Loan Program loan funds on or after January 1, 1986, to attend (or, if I am a parent PLUS borrower, for the student to attend) the school identified in Section 2 of this form. Those funds were either received by me directly, or applied as a credit to the amount owed to the school.
- I will provide, upon request, testimony, a sworn statement, or other documentation reasonably available to me that demonstrates to the satisfaction of the Department or its designee that I meet the qualifications for loan discharge based on false certification of ability to benefit, or that supports any representation that I made on this form or on any accompanying documents.
- I agree to cooperate with the Department or its designee regarding any enforcement actions related to my request for loan discharge.
- I understand that my request for loan discharge may be denied, or my discharge may be revoked, if I fail to provide testimony, a sworn statement, or documentation upon request, or if I provide testimony, a sworn statement, or documentation that does not support the material representations I have made on this form or on any accompanying documents.
- I further understand that if my loan(s) is discharged based on any false, fictitious, or fraudulent statements that I knowingly made on this form or on any accompanying documents, I may be subject to civil and criminal penalties under applicable federal law.
- I hereby assign and transfer to the Department any right to a refund on the discharged loan(s) that I may have from the school identified in Section 2 of this form and/or any owners, affiliates, or assigns of the school, and from any third party that may pay claims for a refund because of the actions of the school, up to the amount discharged by the Department on my loan(s).

#### SECTION 7: IMPORTANT NOTICES

**Privacy Act Disclosure Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq. and §451 et seq. of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., and 20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Federal Family Education Loan (FFEL) Program or the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the FFEL and/or Direct Loan Programs, to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 1845-0015. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection.

**If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this application, please write to:** U.S. Department of Education, Washington, DC 20202-4537.

*If you have questions regarding the status of your individual submission of this application, contact your loan holder (see Section 8).*

#### SECTION 8: WHERE TO SEND THE COMPLETED LOAN DISCHARGE APPLICATION

**Send the completed loan discharge application and any attachments to:**  
**(If no address is shown, return to your loan holder.)**

**If you need help completing this form, call:**