Alaska Commission on Postsecondary Education

P.O. Box 110505
Juneau, Alaska 99811-0505
Toll Free: (800) 441-2962 • TDD: (907) 465-3143
In Juneau: (907) 465-2962 • Fax: (907) 465-5316
acpe.alaska.gov

Financial Analysis Form

I. Borrower Information

Name: _____ SSN or Reference Number: _____

Address: _____ Primary Phone: _____

City, State, Zip: _____ Alternate Phone: _____

Email (optional): _____

II. Certification

I obtained an education loan from the Alaska Commission on Postsecondary Education (ACPE). I have described my present financial condition on this Financial Analysis Form and the attachments hereto, and I certify, under penalty of perjury, that all the information is true, correct, and complete to the best of my knowledge.

I understand that the financial information I provide will be used by ACPE and/or its agents or assignees to determine my options with respect to my loan. I further understand and acknowledge that any action taken on my behalf will be made in reliance on the financial information I am providing herein. I understand ACPE will use the additional credit, debt and asset information obtained through national credit bureaus, the Department of Labor, and a search for real property or other relevant information about me.

I therefore agree that, if it is determined that the financial information I have provided contains information which was misrepresented by me and thereby caused actions to be taken which would not have been taken had the true facts and circumstances been known, I shall be liable for any or all losses or damages suffered by ACPE and/or its agents or assignees of my loan.

Borrower Signature: _____ Date: _____

III. Instructions for Completing this Form

You have received this form because you have requested a review of your account for one of the following reasons: cancellation of your state education debt due to disability, settlement of your state education loan debt for less than the amount owed, or an adjustment to your administrative wage garnishment amount.

An adjustment to wage garnishment may be granted for one of the following reasons:

- Sole Provider - Your earnings alone support your household and the following types of income are not received by any member of your household:
  - Unemployment benefits
  - Income from rental property
  - Child support payments
  - Social Security benefits
  - Pension/retirement income

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- Hardship - The wage garnishment amount is causing undue financial hardship.

Complete this form in its entirety. Do not leave any item blank. If the appropriate response is "None" or "0", that should be noted in the space provided. ACPE cannot make a determination regarding your loan account until you have fully disclosed your household financial condition.

If there is additional information you believe ACPE should know about your circumstances, include a written explanation with your documentation. If you need assistance completing this form, contact our customer service center at 1-800-441-2962.

Please note that your request will not be reviewed until all requested documents and information have been provided to ACPE staff.

IV. Income Information

Provide the following information about the sources of income to the household. Income includes earnings from employment, unemployment income, rental income, dividend income, interest income, other investment income, tips, and spousal support. If you or any other adult(s) in the household do not have income, please write "None" or "0" in the spaces provided.

> If income is received other than monthly, such as quarterly dividends or annual investment income, please provide a statement which indicates how often you or the other adult(s) receive the income that is supported by the documentation you provide.

Source of Monthly Income	Borrower	Other Adult 1	Other Adult 2
Alimony/Child Support			
Disability/SSDI			
Employment			
Food Stamp Benefits			
Public Assistance Benefit or Payment			
Rental Property			
Retirement/Pension			
Unemployment			
Veterans' Compensation			
Workers' Compensation			
Other Income			

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You must attach supporting documentation for each source of your income. Documentation of all income may include items such as a pay stub or a letter from employers stating your income from that employer, or other benefits statements such as public assistance, Social Security, Supplemental Security Income, Workers' Compensation, child support, and rental income. If you or the other adult(s) do not have documentation of your income, attach a signed statement explaining your income source(s) and include the address of each source. Documentation must be dated within 90 days of the date you sign this form. Tax returns are not considered documentation of income.

V. Identification of Other Household Adult(s)

A household adult includes any person over 18 years of age who resides in the home, excluding renters. This is typically a spouse or partner but may include a parent, adult child, or anyone over the age of 18 who lives with you.

Provide the following information about other adults in the household, if applicable:

Name/Adult 1: _____ Age: _____

Name/Adult 2: _____ Age: _____

VI. Family Size and Adjusted Gross Income

Provide the following information about the number of people in your family. Your family size includes you, and, if married, your spouse and any children who receive more than half of their support from you. Your family size also includes anyone who lives with you and receives more than half of their support from you (and who will continue to receive their support from you for the remainder of the calendar year). Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payments for college costs.

For example, if you are unmarried and live alone, your family size is one. If you and your spouse have two children and provide financial support for a live-in relative, your family size is five.

Family Size: _____

Provide a copy of your most recently filed U.S. income tax return or IRS tax transcript that reflects your adjusted gross income and list that amount below. If you were not required to file a tax return, please attach a signed statement explaining why you were not required to submit a tax return.

Adjusted Gross Income: _____

VII. Reasonable and Necessary Monthly Expenses

Provide the following information about the reasonable and necessary expenses you and your dependents incur each month. If a cost is incurred more or less often than monthly, write the average spent each month. Do not include a single expense in more than one applicable category. For example, do not include the expenses paid for health insurance under both "Insurance" and "Medical and Dental". If you have no expenses under a category, enter "Zero" or "0" for that category.

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Monthly Expense	Amount	Outstanding or Overdue Balance	Description of Required Information
Child or Spousal Support			Amount paid for legally required child support and spousal support.
Communication			Amount spent on basic communication expenses such as telephone, cell phone, and internet expenses.
Dependent Care			Amount spent on care for children or other dependents in the household.
Food		N/A	Amount spent on food, even if purchased using Supplemental Nutrition Assistance Program (SNAP (food stamps)).
Housing			Amount spent on housing and shelter, such as rent or mortgage payments.
Insurance			Amount spent on insurance such as home, renter's, auto, medical, dental, or life insurance.
Medical and Dental			Amount spent on necessary medical and dental costs such as medical procedures, routine or otherwise; medically necessary prescription medicine; and medically necessary nutrition supplements.
Student Loans			Amount paid on any federal or private student loan(s) not serviced by ACPE. Include all types of payment, voluntary or otherwise.
Transportation			Amount spent on basic transportation such as gas, basic vehicle maintenance, and public transportation.
Utilities			Amount spent on housing-related utility bills such as gas, electric, water, sewer, trash, and recycling.
Vehicle Loan			Amount spent on car or truck loans.
Other expenses*			Amount spent on any other necessary expenses not covered in any of the prior 11 categories.
Total Necessary Monthly Expenses:			**N/A**

* Other expenses - Include the amount spent on any other necessary expenses. In the space below, please describe the expense and explain in detail why the expense is necessary: