

Parent PLUS Reconsideration Extenuating Circumstance Form (PJ)

2025-2026 Award Year

Your Federal Direct PLUS Loan was approved; however, you have indicated due to extenuating circumstances that you are not able to repay the loan. Therefore, you are requesting a review of your extenuating circumstances and documentation through the professional judgment process, to determine if your dependent student can be considered for the Additional Federal Direct Unsubsidized Loan; or, if you are an independent student, you are requesting consideration. Or, you were unable to apply due to a defaulted loan.

Maximum Academic Year Award: Freshman/Sophomore: \$4,000 Junior/Senior: \$5,000

Is the student a deper	ndent or independent student? □ Dependent □ Independent (If	independent and married, you must include your spouse's
information.)		
	Circumstance : Please check your extenuating circumstance and circumstance. To receive consideration, there <u>must</u> be sup	
- '	y (Attach official, unaltered document from Bankruptcy court any additional debt.)	stating that as a condition of the bankruptcy filing, the
•	·	t/income will not allow me to repay loan. (Attach award letter
		d/or 3-6 months incomes along with copies of 3-6 months of all
	bill payments and the Plus Reconsideration Worksheet-PRW	
Yes	• •	-
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		ome. Provide all of the following without exception: Written-
•		paycheck stub, alimony, child support income, etc.) for at least
		for at least 3-6 months and confirmation that your Parent Loan
	I, if it has been less than 21 days since you applied along with	
_	pay your bills?Yes _No (If yes, complete student s	
	e reason_(i.e., default)	
	n, submit a copy of your loan status only from the Department of Ed	ducation. You will not need to complete the Worksheet.
B. Financial Sect	ion: Complete this section if you selected #2 or #3 above.	
1. Monthly	Income	\$ Amount
Please place	ce this information on the PLUS Reconsideration Workshe	et (PRW) and enter the total amount in boxes below.
TOTAL	INCOME A.	
2. Fixed M	onthly Debts	
Please out	line this information on the PRW and enter the total amou	nt.
ТОТАТ	RECURRING MONTHLY DEBT B.	
	O INCOME RATIO (To be completed by office)	
Divide	Total Debt by Total Income C.	
C. Certification:	I certify that the information provided is accurate.	
Parent Signat	ure:	Date
_	ture	Date
3		

PLUS Reconsideration Work Sheet

Monthly Expense Type		•	y as a monthly amount. Monthly Income Type	INCOME Student Amount of Monthly Income/ Earnings during 2023	Parents of depende student (Spouse of Independe Student) Amount Monthly Income
Rent/Mortgage			Earnings from ALL Jobs		
Utilities (Electric, Gas, Water, etc.) Phone, Internet & Cable Credit Card Payments Car Note and Insurance Gas for the Vehicle Laundry Food Entertainment Child Support/Alimony Paid			Unemployment Compensation Withdrawals from Savings Social Security/Disability Welfare, AFDC, TANF Child Support Received Alimony Total Financial Aid REFUND received in 2023 Cash received from family and/or friends *Bills paid by someone else on your behalf *Please explain any other support below. You may attach a document.		
Other:			Other:		
Total Monthly Expenses			Total Monthly Income		
Signature: Student Signature: Student's Parent (If The parent who was approved in Professional Judgment:	applicable)		Date Date Only:		
Financial Aid Counselor's Sig	gnature:		Da	ite:	