

PORTLAND STATE UNIVERSITY

Office of Student Financial Aid

2010-2011 2011-2012
(please select application year)

Student's Name: _____ ID#: _____
(Please print) Last First

Additional Unsubsidized Stafford Loan by Exception

Federal regulations allow dependent students to borrow increased amounts under the Unsubsidized Stafford loan program in addition to their base undergraduate limit. In order for a dependent student to receive this additional loan amount, the student's parents must have exceptional circumstances that will prevent them from borrowing through the Federal Parent Loan program (PLUS).

If this request is approved, the Office of Student Financial Aid will increase your loans to your maximum eligibility. If you would rather have a specific dollar amount, please indicate that amount here: \$ _____

Check one of the following statements and provide *current* documentation to verify the specific situation:

1. My parents are currently on public assistance (*attach letter from issuing authority or payment receipts and a signed statement with explanation of payments*)
2. My parents are currently supported **solely** by disability benefits (*attach letter from issuing authority or payment receipts*)
3. My parents are incarcerated in a mental or correctional facility (*attach current documentation*)
4. My parents are in default on a student loan or owe a refund on a federal grant. The default status or repayment of grant will be verified by PSU staff.
5. My parents are not allowed to incur more debt (*attach a copy of your **final** court bankruptcy document showing prohibition against incurring new debt*)
6. My parents are not US citizens or eligible non-citizens (*attach a signed written statement from parents*)
7. My parent has applied for a PLUS Loan during the current aid year, and has been denied due to adverse credit history (*attach documentation of denial from the lender*).

Portland State University
PO Box 851
Portland, OR
97207-0851

Phone: 503-725-3461
Toll Free: 800-547-8887
FAX #: 503-725-5965

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Signature: _____ Date: _____

UNSUBX - Department Use Only

Approved _____ **Denied** _____ Counselor: _____ Date: _____

Reason:

PORTLAND STATE UNIVERSITY

Office of Student Financial Aid

2010-2011 2011-2012
(please select application year)

Student's Name: _____ **ID#:** _____
(Please print) Last First

Unsubsidized Stafford Loan by Exception

Federal regulations allow dependent students to borrow an Unsubsidized Stafford loan if their parents refuse to provide parental information for the FAFSA and do not provide financial support of any kind.

Do not use this form if you cannot contact your parent, or if it would be harmful for you to do so. If this is the case, please contact the Office of Student Financial Aid to discuss the options available to you.

To request an Unsubsidized Stafford loan, please provide the following documentation:

1. A signed and dated statement from your parents verifying that they will not provide parental information for the FAFSA and do not provide financial support of any kind.
 - a. Examples of financial support include health, auto or any other insurance, housing or other basic living allowances.
 - b. This statement must include the date when support ceased and confirmation that support will not be provided in the future.
2. Complete the student section of the FAFSA, sign it, and attach it to this form
3. Sign and return this form with your FAFSA to the Office of Student Financial Aid

It is important to note that students who apply for Unsubsidized Stafford Loan by Exception because of parental non support will only be eligible for unsubsidized loans at the dependent level. Students who receive this exemption will not be considered for need based grants or need based loans and may also be excluded from institutional funding and need based scholarships that require an Estimated Family Contribution or demonstrated financial need.

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Signature: _____ Date: _____

UNSUBX - Department Use Only

Approved _____ **Denied** _____ **Counselor:** _____ **Date:** _____

Reason: