



**INCOME-BASED REPAYMENT (IBR)  
REQUIRED DOCUMENTATION**

Records Code: IBRDF-XIBR  
Version Date: 06/01/11

NOTE: The attached Repayment Plan Selection form can be used to request IBR for both Direct and FFELP loans.

NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**ELIGIBLE LOAN TYPES**

Review the eligibility information below to determine if your loan type(s) is eligible for the IBR plan.

**Income-Based Repayment (IBR) Plan – Direct and FFELP Loans**

Parent PLUS loans, including Direct or FFELP parent PLUS Loans, Direct PLUS Consolidation Loans or Direct or FFELP Consolidation Loans that repaid parent PLUS loans, are **not** eligible for this repayment plan.

**REQUIRED DOCUMENTATION**

You must provide a signed Repayment Plan Selection Form AND a signed copy of your most recently filed federal income tax return\*. Select IBR on the Selection Form, complete the appropriate section, and include all additional documentation based on your situation described below. Failure to provide any of the required documentation may result in denial of your request.

IF YOU...	THEN PROVIDE...
are currently employed, but your income has recently changed	<ul style="list-style-type: none"> <li>▪ a completed, signed Alternative Documentation of Income form, and</li> <li>▪ proof of your current income, such as a pay stub</li> </ul>
currently receive only untaxed income (SSI/Child Support)	<ul style="list-style-type: none"> <li>▪ a completed, signed Alternative Documentation of Income form with the appropriate box checked in Section 2</li> </ul>
currently have no taxable or untaxed income	<ul style="list-style-type: none"> <li>▪ a completed, signed Alternative Documentation of Income form</li> </ul>
are currently in a period of deferment or forbearance and are requesting to enter the IBR plan before the deferment or forbearance period ends	<ul style="list-style-type: none"> <li>▪ a completed Request to End Deferment/Forbearance form</li> </ul>

**\* CERTIFICATION SECTION FOR NON-TAX FILERS**

Complete the signature section below **ONLY** if you were not required to file a federal income tax return for the most recent tax year.

I certify that I was not required to file a federal income tax return for the most recent tax year because I did not meet the IRS filing requirements.

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

Date: \_\_\_\_\_



**Section 5: Additional IBR Information – to be completed by BORROWERS WHO SELECT THE INCOME-BASED REPAYMENT PLAN**

Complete this section *only* if you are selecting the IBR Plan.

To initially qualify to repay your loans under the IBR Plan and to continue to make income-based payments, you must have a **partial financial hardship**. You are considered to have a partial financial hardship if the annual amount due on all of your eligible loans or, if you are married and file a joint federal income tax return, the annual amount due on all of your eligible loans and your spouse's eligible loans, is more than 15% of the difference between your adjusted gross income (AGI), as shown on your most recently filed federal income tax return, and 150% of the poverty guideline amount for your family size and state of residence:

$$\text{Annual amount of payments due} > 15\% [\text{AGI} - (150\% \times \text{applicable poverty guideline amount})]$$

The annual amount of payments due is calculated based on the greater of (1) the total amount owed on eligible loans at the time those loans initially entered repayment or (2) the total amount owed on eligible loans at the time you or, if applicable, your spouse requested the IBR Plan. The annual amount of payments due is calculated using a Standard Repayment Plan with a 10-year repayment period. The amount owed on eligible loans includes the amount owed on your eligible loans and, if you are married and file a joint federal income tax return, the amount owed on your spouse's eligible loans. Eligible loans for the IBR Plan are listed in "B", below. If you are married and file a joint federal income tax return, your AGI includes both your income and your spouse's income. Your spouse must sign below if you file a joint federal income tax return and if your spouse also has loans that are eligible for repayment under the IBR Plan; by signing this form, your spouse is authorizing your servicer to access information about his or her federal student loans in the National Student Loan Data System (NSLDS).

An IBR Plan calculator is available at [studentaid.ed.gov](http://studentaid.ed.gov). The calculator evaluates your eligibility for the IBR Plan and estimates your initial IBR Plan payment amount. To use the calculator, you will need to enter your eligible loan debt, income, family size, and state of residence. The calculator is for informational purposes only; your servicer will make the official determination of your eligibility and payment amount based on the information you provide on this form and other required documentation.

To enroll in the IBR Plan, you must complete a consent form authorizing the Internal Revenue Service to disclose your AGI and other tax return information, or you must provide other documentation of your AGI, such as a copy of your most recently filed federal income tax return, as specified by your servicer in documentation accompanying this form. In some cases, you may also be required to complete an ICR & IBR Plan Alternative Documentation of Income form. Your servicer will include the required additional forms with this Repayment Plan Selection form or will provide instructions for obtaining the forms. Complete and return the required form(s) and/or other required documentation along with this Repayment Plan Selection form.

**A. Family Size.** Enter your family size on the line below. Your family size includes you, your spouse, and your children, including children who will be born during the year you certify your family size, if your children receive more than half their support from you. Your family size also includes other individuals if, at the time you certify your family size, these other individuals (1) live with you and (2) receive more than half of their support from you and will continue to receive this support for the year you certify your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs. **If you select IBR, you must notify us of your family size every year. Your servicer will contact you annually to confirm and update family size information.**

Family Size: \_\_\_\_\_ **NOTE:** If you do not provide your family size, your servicer will assume a family size of one.

If you have any questions regarding the IBR Plan, partial financial hardship, or your family size determination, please contact your servicer.

**B. Eligible Loans for the IBR Plan.**

- All **Direct Loan Program loans** are eligible except (1) a loan that is in default, (2) a Direct PLUS Loan made to a parent borrower, (3) a Direct Consolidation Loan that repaid a Federal PLUS Loan or Direct PLUS Loan made to a parent borrower, or (4) a Direct PLUS Consolidation Loan.

Loans made under the Direct Loan Program are Direct Subsidized Loans, Direct Unsubsidized Loans, Direct PLUS Loans, and Direct Consolidation Loans

- All **FFEL Program loans** are eligible except (1) a loan that is in default, (2) a Federal PLUS Loan made to a parent borrower, or (3) a Federal Consolidation Loan that repaid a Direct PLUS Loan or Federal PLUS Loan made to a parent borrower.

Loans made under the FFEL Program are Federal Stafford Loans (subsidized and unsubsidized), Federal PLUS Loans, and Federal Consolidation Loans.

Federal Perkins Loans, HEAL loans or other health education loans, and private education loans are **not** eligible for the IBR plan. Your eligibility for the IBR Plan will be determined based on your total eligible loan debt and, if you are married and file a joint federal income tax return, your spouse's total eligible loan debt. To access information on your eligible loans, check NSLDS at [www.nsls.ed.gov](http://www.nsls.ed.gov).

Check this box if (1) you have eligible FFEL Program loans in addition to your eligible Direct Loan Program loans, or (2) you are married and file a joint federal income tax return, and your spouse has eligible Direct Loan or FFEL Program loans. **NOTE: Including your spouse's eligible loans will result in a lower monthly IBR Plan payment amount.**

**C. IBR Joint Consolidation Loan Repayment.** If you and your spouse have an eligible joint consolidation loan that you and your spouse want to repay under the IBR Plan, place an "X" in the box below and have your spouse sign and date below in "D". Both you and your spouse must have a partial financial hardship (see description above) to repay an eligible joint consolidation loan under IBR.

I wish to repay my joint consolidation loan(s) with my spouse under the IBR Plan.

**D. Certification.** Read the certification statement below, then sign and date this form. Your spouse must also sign and date this form if (1) you and your spouse file a joint federal income tax return and your spouse has loans that are eligible for IBR, or (2) you and your spouse want to repay a joint consolidation loan under the IBR Plan.

All of the information I provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have provided on this form.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Spouse's signature is required if (1) you file a joint federal income tax return and your spouse also has loans that are eligible for the IBR Plan, or (2) you and your spouse want to repay a joint consolidation loan under the IBR Plan.)

**Section 6: Where to Send the Completed Form**

Return this form to:

U.S. Department of Education  
FedLoan Servicing  
P.O. Box 69184  
Harrisburg, PA 17106-9184

If you need help completing this form, or if you need to report a change in your address, contact: FedLoan Servicing.

- Call us at 1-800-699-2908 or, if you use a telecommunications device for the deaf (TDD), at 1-800-722-8189
- E-mail us by going to [www.MyFedLoan.org](http://www.MyFedLoan.org) and signing in to Account Access.
- Write to us at the mailing address provided above.

## PRIVACY ACT NOTICE

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

The authority for collecting the requested information from and about you is §451 *et seq.* of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1087a *et seq.*) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in 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 Direct Loan Program, 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 1845-0014. The time required to complete this information collection is estimated to average .33 hours (20 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20210-4537. Do not send the completed form to this address.**

If you have questions about the status of your individual submission of this form, contact your servicer (see Section 6).



# Income Contingent Repayment Plan & Income-Based Repayment Plan Alternative Documentation of Income

William D. Ford Federal Direct Loan Program  
Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans,  
Federal Direct Subsidized Consolidation Loans, Federal Direct Unsubsidized Consolidation Loans  
**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

OMB No. 1845-0016  
Form Approved  
Exp. Date 06/30/2012

## Section 1: Identifying Information

Before completing this form, carefully read the instructions in Section 5.

All borrowers must provide the Borrower Information below.

**Borrower Information:**

Borrower's Name (please print clearly):

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

Borrower's Social Security Number:

\_|\_|\_|\_|-\_|\_|\_|-\_|\_|\_|\_|\_|

If you are married, you must also provide the Spouse Information below if (1) you are repaying under the ICR Plan, or (2) you are repaying under the IBR Plan and you and your spouse file a joint federal tax return.

**Spouse Information:**

Your Spouse's Name (please print clearly):

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

Your Spouse's Social Security Number:

\_|\_|\_|\_|-\_|\_|\_|-\_|\_|\_|\_|\_|

## Section 2: Borrower's Income Information – to be completed by ALL BORROWERS

All borrowers must complete this section.

You must list all taxable income you are currently receiving (i.e., income from employment, unemployment income, dividend income, interest income, tips, alimony). Include the amount of money received, how often you receive this money, and your employer (if any) or the source of your income if you are not employed. You must attach supporting documentation for all income reported in this section (e.g., pay stubs, letters from your employer stating your income, interest or bank statements, dividend statements, canceled checks, or, when these forms of documentation are unavailable, a signed statement explaining your income source(s) and giving the addresses of these sources). Copies are acceptable, but all supporting documentation must be no more than 90 days old. If you have more than two sources of income, provide the information requested in this section on a separate piece of paper and mail it with this form. Do not report untaxed income such as Supplemental Security Income, child support, or federal or state public assistance. If your income or the income of your spouse changes significantly after your submission of this form, you must notify your servicer of this change (see contact information in Section 5).

Amount of Income	Frequency of Payment (Please check the appropriate box.)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check this box if you do not have any taxable income and receive only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.

## Section 3: Spouse's Income Information – to be completed by SOME MARRIED BORROWERS

If you are married, you must provide your spouse's income information if:

1. You are repaying under the ICR Plan, or
2. You are repaying under the IBR Plan and you and your spouse file a joint federal tax return.

If you are required to complete this section, you must provide the same information and supporting documentation for your spouse's income that is required for your own income, as explained above in Section 2.

Amount of Income	Frequency of Payment (Please check the appropriate box.)					Employer or Source of Income
	Weekly	Bi-weekly	Semi-monthly	Monthly	Yearly	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check this box if your spouse does not have any taxable income and receives only untaxed income such as Supplemental Security Income, child support, or federal or state public assistance.

## Section 4: Certification and Signature

All borrowers must complete this section. If you are married, your spouse must sign and date below only if (1) you are repaying under the ICR Plan, or (2) you are repaying under the IBR Plan and you and your spouse file a joint federal tax return.

**Certification:** I certify that all of the information reported in Section 2 and, if applicable, Section 3 is true and complete to the best of my knowledge. I agree to provide to the U.S. Department of Education (the Department) on an annual basis (or as required by the Department) alternative documentation of my income for the purpose of determining my appropriate repayment amount under the ICR Plan or IBR Plan. I understand that (1) if I do not provide this information the Department will base my ICR or IBR amount on my AGI, as reported by the IRS, or, in some instances, I will not be allowed to repay my loan(s) under the ICR or IBR Plan; (2) the Department may request my income information from the IRS even if alternative documentation of my income is accepted; and (3) if I am married, my spouse's income information, documentation, and signature are also required if I am repaying under the ICR Plan, or if I am repaying under the IBR Plan and my spouse and I file a joint federal tax return.

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

\_\_\_\_\_  
Date of Borrower's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date of Spouse's Signature

## Section 5: Instructions and Where to Send the Completed Form

### INSTRUCTIONS:

**YOU ARE REQUIRED** to complete this form if you are repaying your Direct Loans under the Income Contingent Repayment (ICR) or the Income-Based Repayment (IBR) Plan and:

- You are in your first year of repayment;
- You are in your second year of repayment and have been notified that alternative documentation of your income is required; or
- You have been notified that the Internal Revenue Service (IRS) is unable to provide the U.S. Department of Education (the Department) with your Adjusted Gross Income (AGI) or that of your spouse (if applicable).

**YOU MAY** complete this form if:

- You are repaying your Direct Loans under the ICR Plan and your AGI (and your spouse's AGI, if you are married), as reported on your most recently filed federal tax return, does not reasonably reflect your current income (e.g., due to circumstances such as loss or change in employment by you or your spouse).
- You are repaying your Direct Loans under the IBR Plan and your AGI (and your spouse's AGI, if you and your spouse file a joint federal tax return), as reported on your most recently filed federal tax return, does not reasonably reflect your current income (e.g., due to circumstances such as loss or change in employment by you or your spouse).

In cases where alternative documentation of your income is used, the amount of your monthly payment under the ICR or IBR Plan is based on the current income information you and your spouse (if applicable) provide and is reevaluated annually. Your monthly payment may be adjusted more frequently than annually if you notify your servicer that your AGI (or your spouse's AGI, if you file a joint federal tax return) has changed significantly since your most recent submission of this form and you provide supporting documentation showing this change. To submit alternative documentation of your income, you must attach the required documentation, complete and sign this form, and return it to the address below. If you are married, your spouse must also complete and sign the applicable sections of this form and submit the required documentation if (1) you are repaying your loans under the ICR Plan, or (2) you are repaying your loans under the IBR Plan and you and your spouse file a joint federal tax return. If you need assistance, please call **1-800-699-2908**, or TDD **1-800-722-8189**.

**Return this form to:**

**U.S. Department of Education  
FedLoan Servicing  
P.O. Box 69184  
Harrisburg, PA 17106-9184**

If you need assistance in completing this form, call **1-800-699-2908**. Individuals who use a telecommunications device for the deaf (TDD) may call **1-800-722-8189**.

## Section 6: Important Notices

### PRIVACY ACT NOTICE

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

The authority for collecting the requested information from and about you is §451 et seq. of the Higher Education Act (HEA) of 1965, as amended (20 U.S.C. 1087a et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in 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 Direct Loan Program, 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 1845-0016. The time required to complete this information collection is estimated to average 0.33 hours (20 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4537. **Do not send the completed form to this address.**

**If you have questions about the status of your individual submission of this form, contact your servicer at the following address:**

**U.S. Department of Education  
FedLoan Servicing  
P.O. Box 69184  
Harrisburg, PA 17106-9184**



**INCOME-BASED REPAYMENT (IBR) /  
INCOME CONTINGENT REPAYMENT (ICR)  
REQUEST TO END DEFERMENT/FORBEARANCE**

Records Code: IBRDF-XIBR Version Date: 06/01/10
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BORROWER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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I am requesting to have my deferment/forbearance terminated on my eligible loan(s) for the purpose of allowing FedLoan Servicing to process my request for IBR/ICR.

I understand that I am only requesting the termination of my current deferment/forbearance if I qualify for the requested repayment plan. I also understand that if my current deferment / forbearance is ended, any unpaid accrued interest will be capitalized (added to the balance) and my loan(s) will be placed into repayment.

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

\_\_\_\_\_  
Date