

# BORROWER CERTIFICATION OF QUALIFICATION FOR R&A/IBR REPAYMENT PLAN

Borrower name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Telephone (cell): \_\_\_\_\_ Email address: \_\_\_\_\_

By signing this form (below), you are authorizing Coast Professional, Inc. to contact you at any of the phone numbers and/or e-mail addresses you provide.

**What is your family size?** \_\_\_\_\_ (Includes you, your spouse, and your children if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you certify your family size.)

**Do you have taxable income?**  Yes  No (You may answer "NO" if (1) you don't have any income; (2) you receive only untaxed income such as SSI, child support, or government assistance; or (3) you are not required to file a federal income tax return based on the amount of your taxable income.)

**If you DO HAVE TAXABLE INCOME:**

- What is the amount of the income (monthly)? \_\_\_\_\_
- What is the source of the income (employer name if from employment)? \_\_\_\_\_

**If you file a joint income tax return with your spouse:**

**Does your spouse have taxable income?**  Yes  No (You may answer "NO" if (1) you don't have any income; (2) you receive only untaxed income such as SSI, child support, or government assistance; or (3) you are not required to file a federal income tax return based on the amount of your taxable income.)

**If your spouse DOES HAVE TAXABLE INCOME:**

- What is the amount of the income (monthly)? \_\_\_\_\_
- What is the source of the income (employer name if from employment)? \_\_\_\_\_

**By signing this form, you (and your spouse, if applicable) are certifying that:**

- 1.) the data provided on this form are true, complete and correct to the best of your knowledge and belief;
- 2.) you are authorizing Coast Professional, Inc. to contact you regarding the repayment of this loan(s) at the numbers provided on this form or any future number that you provide for your cell phone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete, print, and sign this form and return to Coast Professional, Inc. using one of the following methods:**

- **Scan and email it to [EDPCA@coastprofessional.com](mailto:EDPCA@coastprofessional.com) (For your protection, please password protect your document and forward the password in a separate email to the same email address)**
- **Fax the signed, completed document to (866) 394-7052, or**
- **Mail the signed form to the following: Coast Professional, Inc. PO Box 2899, West Monroe, LA 71292**

## **R&A/IBR Certification Instructions**

You have specifically requested to participate in the loan rehabilitation program at a reduced payment amount based on your current income. To remain eligible for this reduced-payment loan rehabilitation program you must complete the form above entitled BORROWER CERTIFICATION OF QUALIFICATION FOR R&A/IBR REPAYMENT PLAN. Your participation in the reduced-payment loan rehabilitation program will be based on the complete, accurate, and timely submission of this form to our office.

If you have any questions on how to complete this form, please contact our Customer Support Staff at: **800-964-0881**

### **To remain in the agreed-upon reduced-payment loan rehabilitation program, it is required that:**

- you complete the attached form and return it to us in a timely manner, generally within 10 days of receiving this information  
AND
- you successfully make all payments in accordance with the due date and agreed-upon amount

If both of these conditions are not met, we may decline to honor the reduced-payment loan rehabilitation program agreement, and your required payment amount may default to the standard rate. If you are unable to make payments at the standard rate, we may pursue other methods of collection, such as Administrative Wage Garnishment.

**You may mail the form to us at Coast Professional, Inc., PO Box 2899, West Monroe, LA 71292 OR email the signed form to [EDPCA@coastprofessional.com](mailto:EDPCA@coastprofessional.com). (For your protection, please password protect your document and forward the password in a separate email to the same email address.)**

If you have questions on the benefits and conditions of this reduced-payment loan rehabilitation program, please telephone our office at 800-964-0881 and ask to speak to our Customer Support Staff.

***This is an attempt by a debt collector to collect a debt. Any information obtained will be used for that purpose.***

ONE OF THE NOTICES BELOW MAY APPLY TO YOU IF YOU LIVE IN ONE OF THE STATES LISTED.

**CALIFORNIA:** The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment.

As required by law, you are hereby notified that a negative credit report effecting your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations but we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described above on the front of this letter.

For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov).

**COLORADO:** A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt.

You may make payments to our in-state office as indicated below: Local Colorado Office: 3605 Mead Street, Fort Collins, CO 80526 Tele: (970) 226-1386.

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT SEE:

[WWW.ATTORNEYGENERAL.GOV/CA](http://WWW.ATTORNEYGENERAL.GOV/CA)

**MASSACHUSETTS:** NOTICE OF IMPORTANT RIGHTS - YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR DEBT NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY 10 DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE DEBT COLLECTOR AT P.O. BOX 2899, WEST MONROE, LA 71294. OFFICE HOURS: 8:00 AM - 9:00 PM EST MONDAY-THURSDAY AND 8:00 AM - 4:30 PM EST FRIDAY.

**MINNESOTA:** THIS AGENCY IS LICENSED BY THE MINNESOTA DEPARTMENT OF COMMERCE.

**NEW YORK:** New York City Department of Consumer Affairs license number: NY# 1334772, LA# 1334773, and CA #1334771. This collection agency is also licensed by the City of Buffalo, LICENSE# 556370.

Consumer call back number is (585) 991-5200, and ask for Jonathan Prince.

**NORTH CAROLINA:** This collection agency is licensed in North Carolina, pursuant to permit numbers 103595 and 103597.

**TENNESSEE:** This collection agency is licensed by the collection service board of the Tennessee Department of Commerce and Insurance.

**UTAH:** As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations but we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described above on the front of this letter.

**WISCONSIN:** This collection agency is licensed by the Office of the Administrator of the Division of Banking, P.O. Box 7876, Madison, Wisconsin 53707.

As of the date of this communication, you owe the amount that was stated. Because your credit agreement may require you to pay interest on the outstanding portion of your balance, as well as late charges and costs of recovery, which vary from day to day, as you agreed in your credit agreement, the amount required to pay your account in full on the day you send payment may be greater than the amount stated. If you pay the amount stated, an adjustment may be necessary after we receive your payment. In that event, we will notify you of any adjustment in your balance. We encourage you to call prior to making a payment intended to pay your account in full.

The normal business hours of Coast Professional, Inc. are 8:30 a.m. to 5:30 p.m. in each of its locations, Monday through Friday.