



Wayne County Community College District

District Office
801 W. Fort Street
Detroit, MI 48226
(313) 496-2865
(313) 963-8568 fax

Financial Aid

Name _____	A00 _____
Birthdate _____	SSN _____
Phone # _____	Email _____
Address _____	City, St., ZIP _____

2009-2010 Prior Loan Discharged Due to Total and Permanent Disability

The U.S. Department of Education has informed us that you have had federal student loans discharged due to a total and permanent disability. This discharge requires that your eligibility for additional student loans be reviewed. No student loans will be awarded until the additional documentation is provided.

Please check one of the following statements and submit necessary documentation, if required:

I am not interested in borrowing any Federal Student Loans for 2009-10. Please process my financial aid excluding student loans.

I am interested in borrowing a Federal Student Loan for 2009-10.

***Attach** a statement from a certified physician stating that your condition has improved and that you have the ability to engage in substantial gainful activity.

***Attach** a signed statement, in your own words, that you understand that a new federal student loan cannot be cancelled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates to the extent that the definition of total and permanent disability is again met.

By signing this form, you certify that all information is complete and correct. You understand that neither the conditionally discharged loan(s) nor any new loan(s) can be discharged on the basis of your current disability unless your disability substantially deteriorates. You agree to resume making payments on any loan(s) discharged between July 1, 2001 and June 30, 2002, and any loans conditionally discharged on or after July 2002, if less than three years have passed since you became disabled. You understand that you must provide proof that collection has begun before any new loan(s) may be discharged. **Warning: If you purposely give false or misleading information on this form or the accompanying documentation, you may be fined, sentenced to jail, or both.**

Student signature _____ Date _____