

Student Financial Aid Office University of Louisville Louisville, KY 40292

Phone: (502) 852-5511
Fax: (502) 852-0182
Email: finaid@louisville.edu

## **Direct Parent PLUS Denial Exemption Appeal**

Dependent students may be eligible for additional unsubsidized loan amounts if the student can document exceptional circumstances which prevent a parent from borrowing a PLUS loan.

## **Instructions for completing this form:**

- Attach a typed letter explaining your inability to apply for a Parent PLUS Loan
- Check one of the following conditions below and provide all requested documentation as required per condition

Please submit all documentation at the same time, and write your student's name and student's Id at the top of every document. Documentation may be submitted in person, via U.S. mail or fax.

Student

(1) First Name	(2) Last Name	(5) Academic Year :2022-2023
(3) Student ID #	(4) Date of Birth	2023-2024
Parent Information		
(5) First Name	(6) Last Name	
(7) Last 4 of SSN# X X X – X X –	(8) Date of Birth	
(9) Relationship to Student(i.e. mother/father, step-mother/father, etc.)  To borrow a PLUS loan for a student, the parent must be the student's biological or adoptive mother or father. The spouse of a parent who has remarried (i.e., the student's stepparent) is also eligible to borrow a PLUS on the student's behalf, if his/her income and assets would be taken into account when calculating the dependent student's EFC. A legal guardian is not considered a parent for any Federal Student Aid purposes.		
(10) Mailing Address	(11) City	(12) State(13) Zip Code
(14) Phone # ()(15) Work Phone # ()		
Circumtance that Demonstrates Need for Exemption		
(16) You will need to provide documentation that authenticates the situation.		
☐ The parent is incarcerated ( <i>Provide documentation showing dates of incarceration</i> .)		
☐ The parent has filed bankruptcy ( <i>Provide a letter from an attorney stating that as a condition of the bankruptcy filing, the parent may not incur any additional debt.</i> )		
☐ The parent's income is limited to public assistance or disability benefits. Please indicate which federal program the parent receives benefits from: (Provide documentation showing dated proof of receiving such benefits.)		
☐ Supplemental Security Income ☐☐ Food Stamps ☐ Temporary Assistance for Needy Families (TANF)		
☐ Special Supplemental Nutrition Program for Women, Infants and children. (WIC)		
☐ Other(Low Income Based Housing, etc):		
□ The parent is not a U.S. Citizen or permanent resident, or is not able to provide evidence from the U.S. Citizenship and Immigration Service that he or she is in the U.S. for other than a temporary purpose with the intention of becoming a citizen or permanent resident. ( <i>Provide documentation showing evidence of citizenship or permanent residence outside the U.S.</i> )		
(17) Student Signature:	Date:	
(18) Parent Signature: Date:		
FOR OFFICE USE ONLY:		
□ Documentation Attached		
Exemption	Deferred	
☐ Granted☐ Comment	☐ Denied Staff Initials	Date
Comment	Stair mitidis	Date