

2024-2025 PLUS OVERRIDE REQUEST FORM

Complete if you, the dependent student, would like to take additional Direct Unsubsidized loan funds when a determination is made that the student's parent is unable to borrow a Direct PLUS Loan due to adverse credit history or exceptional circumstances.

Student Name: _____ CHC ID #: _____

Parent Name: _		Telephone #:						
		Submit to our office via myCHC	document upload, mail, fax, or in-person. Do not email.					
A.		xceptional Circumstances . Please read and check the exceptional circumstance(s) that best apply to your situation. Tou must provide the required documentation otherwise you application will considered incomplete and will be enied.						
	Check all that apply		Required Documentation (must be submitted)					
_	Incarces	ration of Parent(s)	1. Submit proof of incarceration					
	Wheres	bouts of parent(s) unknown	 Submit a signed statement from a guardian or other responsible person explanation the situation Submit a signed statement, on letterhead, from a disinterested third party explaining the situation 					
	provide States fo	s) is not a U.S. Citizen or is unable to evidence there he/she is in the United or other than a temporary purpose with ntion of becoming a citizen or permanent	Country of Citizenship: Submit unexpired, proof of Citizenship from the country listed above Current U.S. Residency Status (Check one) Not Living in U.S. Not apply for U.S. Residency Apply for U.S. Residency (Application Date:					
		s) on a fixed income and receives only assistance, disability benefits, social c, etc.)	Submit current proof of income from agency which provides your assistance					
	last 5 y bankru	s) has filed for bankruptcy with the ears and as a condition of their ptcy filing they are not allowed to my additional debt	1. Submit a copy of the filed bankruptcy paperwork (with parent name and stamp of the court to indicate that the paperwork has been filed) - or - a letter from the bankruptcy court or court trustee stating that as a condition of the bankruptcy filing, the parent may not incur any additional debt.					
	Parent(s) have a judgment or lien on their y	1. Submit notice of lien					
		s) are willing to borrow but am unable the loan due to existing debt pected income-to-debt-ratio	 Submit a signed statement explaining your circumstance, and, if your expenses are greater than your monthly income, explain how you pay your monthly expenses. Submit proof of current income (pay stubs, etc.) Complete the Debt-to Income Chart (Section B) Submit any other relevant information that will document the family's situation (ie: proof of debt from Section B) 					
	Parent(loan in	s) have one or more Federal Student default	6. Submit documentation of current status loans					



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Student Name:		CHC ID #:				
expenses are grea pay your monthly must supply relev	ter than your m y expenses. Del ant information	onthly income, submit a bts with less than one ye	a signed statement exp ar remaining will not amily's situation (pro	n if the amount is zero. blaining your circumstand be considered in the calc of of debt, pay stubs, etc.	ce and how you culation. You	
INCOME	MONTLY GROSS AMOUNT	DEBT OBLIGATIONS	TOTAL AMOUNT OF DEBT	MONTLY MINIMUM PAYMENT	NUMBER OF MONTHS REMAINING	
Annual Gross Salary (Parent 1)	\$	Mortgage or Rent (including principle, interest, taxes and insurance)	\$	\$		
Annual Gross Salary (Parent 2)	\$	Monthly Car Loan Payment(s)	\$	\$		
Self-Employment (Parent 1)	\$	Other Monthly Loan Payment(s)	\$	\$		
Self-Employment (Parent 2)	\$	Home Equity Loan Payment(s)	\$	\$		
Alimony Received	\$	Student Loan(s) for Parent(s) included on FAFSA	\$	\$		
Child Support Received	\$	Other Debt (provide explanation and proof)	\$	\$		
Bonuses/Overtime Pay (Annual)	\$	Other Debt (provide explanation and proof)	\$	\$		
Other Gross Income	\$	Other Debt (provide explanation and proof)	\$	\$		
knowledge. If req that if I purposely g repayment of finan Code and disciplin	n, I affirm that al uested, I agree to give false or misle cial aid, and I ma ary actions by Cl id Office immed	provide documentation to eading information on this by be subject to a fine, impl destnut Hill College. If I ha liately. Your documentation	o support the information worksheet it may be causis wonment, or both, und we any questions or con	e complete and accurate to n I have provided on this fouse for denial, reduction, where the United the provisions of the United accerns, I will contact Chest al signature. We cannot acc	orm. I understand eithdrawal, and/or I State Criminal nut Hill College	
Student Signature:		Date:				
Parent Signature:			Date:			

Submit to the financial aid office via myCHC document upload, mail, fax, or in-person. Do not email.

