

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 #:		
You must provide the required documentation denied.	eck the exceptional circumstance(s) that best apply to your situation. n otherwise you application will considered incomplete and will be		
Check all that apply	Required Documentation (must be submitted)		
Incarceration of Parent(s)	1. Submit proof of incarceration		
Whereabouts 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 		
Parent(s) is not a U.S. Citizen or is unable to provide evidence there he/she is in the United States for other than a temporary purpose with the intention of becoming a citizen or permanent resident.	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:)		
Parent(s) on a fixed income and receives only public assistance, disability benefits, social security, etc.)	Submit current proof of income from agency which provides your assistance		
Parent(s) has filed for bankruptcy with the last 5 years and as a condition of their bankruptcy filing they are not allowed to incur any 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 property	1. Submit notice of lien		
Parent(s) are willing to borrow but am unable to manage/repay the loan due to existing debt burden and/or expected income-to-debt-ratio	1.Submit a signed statement explaining your circumstances, and, if your expenses are greater than your monthly income, explain how you pay your monthly expenses. 2. Submit proof of current income (pay stubs, etc.) 3. Complete the Debt-to Income Chart (Section B) 4. Submit any other relevant information that will document the family's situation (ie: proof of debt from Section B)		
Parent(s) have one or more Federal Student loan in default	5. Submit documentation of current status loans		



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expenses are grea pay your monthly must supply relev	ter than your m y expenses. Del ant information	onthly income, submit a ots with less than one ye	a signed statement exp ar remaining will not family's situation (pro-	n if the amount is zero. blaining your circumstan be considered in the cal of of debt, pay stubs, etc.	ce and how you culation. <i>You</i>
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 required that if I purposely grepayment of finant Code and discipling	n, I affirm that al uested, I agree to give false or misle cial aid, and I ma ary actions by Ch id Office immed	provide documentation to ading information on this y be subject to a fine, imp. estnut Hill College. If I ha iately. Your documentation	o support the information worksheet it may be causis risonment, or both, und we any questions or con	e complete and accurate to in I have provided on this t use for denial, reduction, w ler provisions of the United acerns, I will contact Chest al signature. We cannot acc	form. I understand withdrawal, and/or of State Criminal mut Hill College
Student Signature:				Date:	
Parent Signature:				Date:	
Submit to	the financial aid	l office via myCHC docu	ment upload, mail, fa	x, or in-person. Do not	email.

