

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

\*\*Form will not be accepted without required documentation\*\*

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. Complete and return to our office by mail or fax (Whitlock CPO 59; Room 251; Richmond, KY 40475- Mailing Address/ 859.622.2019-Fax).

Please note: The parent should attempt to apply for the PLUS loan online at <u>studentaid.gov</u> prior to submitting this appeal. If the parent is denied by the U.S. Department of Education, this appeal is not necessary.

	<b>Student Information</b>	
Fi	irst Name	Last Name
E.	KU ID #	Date of Birth
	Parent Information	
	Tarent information	
Fi	irst Name	Last Name
S	S# X X X – X X –	Date of Birth
R	elationship to Student	(i.e. mother/father, step-mother/father)
M	Iailing Address	
C	ity	Zip Code
		Work Phone # ()
	Circumstance that de	nonstrates need for appeal
Y	☐ The parent(s) is/are inc	cumentation that authenticates the situation. (Please check the applicable situation.)  arcerated (Provide documentation showing dates of incarceration.)
	☐ The parent's income is receives benefits from: ☐ Supplemental ☐ Food Stamps ☐ Temporary As ☐ Special Supple	filed bankruptcy ( <i>Provide a letter from bankruptcy court or notice</i> .) imited to public assistance or disability benefits. Please indicate which federal program the parent ( <i>Provide documentation showing dates benefits were received</i> .) Security Income sistance for Needy Families (TANF) mental Nutrition Program for Women, Infants and children. (WIC) ome Based Housing- <i>Provide documentation from HUD Section</i> 8, etc)
	☐ The parent's income is receives benefits from: ☐ Supplemental ☐ Food Stamps ☐ Temporary As ☐ Special Supple ☐ Other(Low Incomplete Incomplet	imited to public assistance or disability benefits. Please indicate which federal program the parent Provide documentation showing dates benefits were received.) Security Income sistance for Needy Families (TANF) mental Nutrition Program for Women, Infants and children. (WIC)
	☐ The parent's income is receives benefits from: ☐ Supplemental ☐ Food Stamps ☐ Temporary As ☐ Special Supple ☐ Other(Low Income Incom	imited to public assistance or disability benefits. Please indicate which federal program the parent Provide documentation showing dates benefits were received.) Security Income  Sistance for Needy Families (TANF) mental Nutrition Program for Women, Infants and children. (WIC) ome Based Housing-Provide documentation from HUD Section 8, etc)  a U.S. Citizen or permanent resident, or is/are not able to provide evidence from the U.S. ation Service that he or she is in the U.S. for other than a temporary purpose with the intention of termanent resident. (Provide documentation showing evidence of citizenship or permanent residence estatus of parent (loss of employment, from full-time status to part-time status, or major reduction in

<sup>\*</sup> Please allow at least 2 weeks from date of receipt to complete your request. Also, please note that the approval of this request will not exceed an additional unsubsidized loan amount of \$4000 for freshmen/sophomore and not to exceed \$5000 for junior/seniors. Keep in mind these amounts may be lower than your PLUS eligibility.