APPLICATION FOR LOAN REHABILITATION PROGRAM

Directions: The entire applica Use Black Ink.		_	_	bers and addresses.
NOTE: An incomplete application of the second secon	ation will not	be processed.		
Borrower Name:	Birthdate:			
LAST	FIRST	MIDDLE	INITIAL	MONTH/DAY/YEAR
Current Address:				
City:	State:		_ Zip Code:	
Home Telephone Number: (e-mail address:			phone Number: (_)
Social Security Number:				
Driver's License Number:	State Issued			
Present Employer:				
Employer's Address:				
Snousa's Nama	Birth Date://			
LAST	FIRST	MIDDLE INITIA	LDhith Date	MONTH / DAY / YEAR
Name of nearest relative not liv	ving with you:			
Address:		LAST	FIRST	MIDDLE INITIAL
City:				ode:
•		Work Telephone Number: ()		
Relationship to you:				
Name of Reference: (Must have				
Address:				
City:				
)Work Telephone Number: ()			
I hereby agree to the terms of my reverse of this application for loa	• •	•	nd the terms and co	onditions set forth on the
Borrower's Signature:			Date:	/ /

Make sure you have completed the <u>entire</u> application

1. I hereby acknowledge my outstanding Federal Family Education Loan(s) (FFELP) held by the Oklahoma Guaranteed Student Loan Program (OGSLP). I understand that such loan(s) was purchased by OGSLP as a default. I further understand that due to my maintaining a regular payment schedule with OGSLP, my loans qualify to be sold to an approved lender, thereby eliminating the default status.

2. I understand that my loan(s) will continue to be governed by the terms and condition of the original promissory note(s) and by the regulations and laws of the FFELP.

3. I understand that the amount the lender pays to purchase my loan will include principal, accrued interest and collection cost, if applicable, currently owed to OGSLP. This purchased amount will become the new principal balance owed to my new lender. I agree to pay this new principal balance plus accrued interest from the date of the sale to the lender until paid in full.

4. I understand that, after the sale of my loan(s), the lender will send me a repayment schedule showing the principal amount of the loan(s) and the repayment terms.

5. I understand that I will not be entitled to any deferments which are granted for a specific duration of time on my rehabilitated FFELP loan(s), if OGSLP is unable to obtain information about my deferment record prior to default, from my previous lender.

Please provide the following for PLUS loan(s) only:

Student Name (Please Print)

Student Social Security Number