



# Repayment Agreement Questionnaire

## DIRECTIONS:

Fill out the form completely, typing or printing legibly. Where verification (copies of proof of debt or income) is required, please include it when returning this document. If verification is not received, the payment plan will not be adjusted to lower your payments.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First, Middle, Last)

Last 4 digits of your SSN#: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of dependents living with you: \_\_\_\_\_ Ages: \_\_\_\_\_

## Mailing Address:

Street: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Residence address if different from above: \_\_\_\_\_

Residence: Rent / Own (circle one) Name and address of landlord or mortgage company: \_\_\_\_\_

Number of Months/Years at residence: \_\_\_\_\_ \$ \_\_\_\_\_  
Months / Years Monthly Payment

Place of employment: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

## VERIFICATION

Please provide:

- Your two most recent pay stubs.
- A copy of your most recent U.S. Income Tax Return
- Any State Department of Labor reports.
- Verification of all household income.

*Note: Household income includes proof of welfare benefits, Social Security benefits, child support, veterans' benefits, supplemental security income, workman's compensation.*

Provide verification of the following debts:

- Utility Bills
- Dependent Care
- Work-related expenses
- Statement balance of any Federal Family Education Loan Program (FFELP) loans held by other lenders
- Medical costs
- Car and Insurance payments
- Your average food bill
- Any payment you have been ordered to pay by a court or tax debt

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the completed form to:**

Recoveries Department, Oklahoma Guaranteed Student Loan Program  
PO Box 3000 • Oklahoma City, OK • 73103-3000

**Note: Remember to mail your payment with this form if you have been instructed to do so.**