University of South Carolina Beaufort
Financial Aid/Veterans Affairs Office
801 Carteret Street ♦ Beaufort, SC 29902
Office: 843-521-3104 ♦ **Fax:** 843-521-3194 ♦ www.uscb.edu
Email: uscbfina@uscb.edu

PLUS Default/Overpayment Borrower Statement

In order for our office to certify your Federal PLUS Loan application, additional information is needed. The parent applicant of the Federal PLUS Loan must complete all sections of this form and return it to our office as soon as possible to avoid any delays. Do not leave any questions blank or unanswered. If you have any questions or need further assistance, please contact our office.

Student's Information

Student (Legal Name):

_____ _____
Last Name First Name Middle Name VIP ID

Parent Borrower's Information

Parent Borrower's Name (Legal Name):

_____
Last Name First Name Middle Name

_____ _____
Parent's Email Address Relationship to Student

Are you in default on a Federal Education Loan? ☐ Yes ☐ No
Do you owe a refund on a Federal Education Grant? ☐ Yes ☐ No

Please Read, Sign, and Date

I certify {1} to use federal and/or state student financial aid to pay only the cost of attending an institution of higher education; {2} that I am not in default on a federal student loan or have made satisfactory arrangements to repay it; {3} that I do not owe money back on a federal student grant or have made satisfactory arrangements to repay it; {4} to notify my school if I default on a federal student loan; {5} that I will not receive a Federal Pell Grant from more than one college for the same period of time. I agree, if asked, to provide information that will verify the accuracy of my completed form. This information may include my federal and/or state income tax forms. I certify that I understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other Federal Agencies.

By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined $20,000, sentenced to jail, or both.

_____ _____
Parent's Signature Date