



UNIVERSITY of MAINE *at* AUGUSTA

UMA Student Financial Services
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LOAN DISCHARGE AFFIRMATION

This form is to be used by students to certify that they are now able to engage in substantial gainful activity in order to borrow additional federal student loans.

Student Name _____ Student ID: _____
Address _____ Phone # _____
Street City/Town Zip Daytime

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to total and/or permanent disability. **In order to be considered for a federal student loan, you must:**

- Attach written documentation from your physician (on their letterhead) indicating that you are now able to engage in “substantial gainful activity” (you are able to work and earn money)
- Read and sign the Prior Loan Discharge Acknowledgement Statement below

PRIOR LOAN DISCHARGE ACKNOWLEDGEMENT STATEMENT

I understand and acknowledge that:

- The new loan I receive cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.
- If my discharged loans are considered to be in the conditional discharge period, I understand that neither the previous conditionally discharged loan(s) nor the new loan I receive can be discharged in the future on the basis of any injury or illness present when I applied for a total and permanent disability discharge or at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled. I also understand that the conditionally discharged loan(s) will be removed from conditional discharge status.

Enrollment period you want to be considered for federal student loan(s): Semester _____ Year _____

Student's Signature _____ Date _____

FOR OFFICE USE ONLY:

Dr.'s Note Sufficient Y / N

SAP Issues Y / N

Complete: Yes / No (date returned to student) _____ Decision: Approved / Denied Notes:

Rec'd by FAO: _____ Reviewed by: _____ Date: _____ Revised: 12/15/16