

## 2020-2021 Parent PLUS Loan Request Form

Student Name: \_\_\_\_\_ Student SSN#: \_\_\_\_\_

### **A. PARENT BORROWER'S SECTION:**

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Parent/Guardian Full Name: \_\_\_\_\_ Parent SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Parent's citizenship status:  U.S. Citizen  Eligible non-citizen  Neither Alien Registration# \_\_\_\_\_

### **B. PARENT AND STUDENT REQUIREMENT:**

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I the parent, certify that I completed or will complete the Parent PLUS Master Promissory Note (MPN) [www.studentloans.gov](http://www.studentloans.gov).

I the student, certify that I completed or will complete the Entrance and PLUS Loan Counseling [www.studentloans.gov](http://www.studentloans.gov).

### **C. AMOUNT REQUESTING:**

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**I would like to request a loan for the following amounts:**

*(Note: Provide a specific dollar amount below or circle "maximum" if you wish your loan(s) maximized.)*

**FALL 2020**                      \$ \_\_\_\_\_                      OR                      Maximum

**SPRING 2021**                      \$ \_\_\_\_\_                      OR                      Maximum

**SUMMER 2021**                      \$ \_\_\_\_\_                      OR                      Maximum

### **D. PARENT AUTHORIZATION:**

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**Consent to Obtain Credit Report:**

I the parent consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

**Disbursement Information:**

I understand these proceeds will pay all required institutional charges and my student will receive any residual funds, to be used for any remaining educational expenses.

\_\_\_\_\_  
**Parent's signature (REQUIRED)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's signature (REQUIRED)**

\_\_\_\_\_  
**Date**

**Office Use Only**

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved / Declined (circle action)

If declined, reason: \_\_\_\_\_

Return signed and completed form(s) or other documents to your local campus.

Main Campus: 3240 Fort Rd, Toppenish, WA 98948 Phone: (509) 865-8502 Fax: (509) 865-1853 Email: [financial\\_aid@heritage.edu](mailto:financial_aid@heritage.edu)