

AMERICAN STUDENT ASSISTANCE SETTLEMENT OFFER FORM

In order for American Student Assistance to consider your settlement offer, please complete this form below and return it with the following financial statement and supporting documents.

ASA Account No: _____

Borrower's Name: _____

Current Balance: _____

Settlement Offer: \$ _____

- State your dollar amount offer:

- Where are the funds coming from?

- Why should American Student Assistance Settle?

- Please complete the attached financial statement and forward along with a copy of latest IRS tax form (no settlement offer will be considered without a tax form).

- When will the funds be available?

Signature

Today's Date

Printed Name

Last 4 digits of Social Security Number



**DELTA MANAGEMENT
ASSOCIATES, INC.**

P.O. BOX 9191, Chelsea, MA 02150

Toll Free: (800) 688-6337

Office Hours: Mon-Thurs. 8:00am-9pm

Fri. 8:00am-5pm, Sat. 8:00am-12:00pm

fins@delta123.com

Enclosed is a form for a review regarding your financial profile. In order to properly evaluate the merits of your financial hardship, and/or any possibility of a temporary reduced payment amount, you must complete the enclosed financial statement and return it to Delta. Delta will make a determination after the financial statement is reviewed.

Supporting documents must be included with this financial statement:

- 2 recent pay stubs from employer
- Proof of Rent Expense or Lease Agreement (letter must be notarized_
- Federal Income Tax Return (1040) for latest tax year
- Utilities: Electric, Gas, Water, and Telephone
- Past due bills
- Car Insurance/Car Payments
- Termination or shut off notices in your name from a utility company (90 days old or less)
- Any other expenses you would like to include please provide documents proving that expense.

***Anything written on the financial statement must be proven with the exception of food, clothing, auto fuel and maintenance, and transportation.**

Send the financial statement and all documents to the following address:

Delta Management Associates, Inc.
PO BOX 9191
Chelsea, MA 02150
fins@delta123.com
Toll Free: 1-800-688-6337
Fax: 617-660-3896

Thank you for your cooperation.

Delta Management Associates, Inc.

This is a communication from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

American Student Assistance® (ASA) Confidential Financial Statement

Your Name: _____ Your SSN: _____

Household and Employment Information

Current Address: _____

Home Telephone: () _____ Work Telephone: () _____
 Employer: _____ Job Title: _____
 Spouse's Name: _____ Employer: _____
 Number of Dependents _____
 Including Self: _____

Household Income and Expenses

Monthly Income

Monthly Expenses

Monthly Net	_____	Rent/Mortgage	_____
Spouse's Net	_____	Property Tax	_____
Unemployment	_____	Home/Renter's Insurance	_____
Social Security Benefits	_____	Condo Fee	_____
Alimony	_____	Food	_____
AFDC	_____	Clothing	_____
Child Support	_____	Cable TV	_____
Parental Support	_____	Electricity	_____
Rental Income	_____	Natural Gas/Heating Oil/Propane	_____
Interest/Dividends	_____	Water/Sewer/Trash Disposal	_____
Other (*)	_____	Basic Phone Service	_____
		Cellular Phone	_____
		Car Payments	_____
		Auto Fuel and Maintenance	_____
		Public Transportation	_____
		Auto Insurance	_____
		Child Care Expenses (# of children:)	_____
		Child Support (# of children:)	_____
		Entertainment	_____
		Other	_____
Total	_____	Total	_____

List all Credit Cards and Charge Cards:

Name	Address	Balance Due
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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I certify by my signature below that all information contained in this financial statement is true and complete and that no items have been omitted. I agree that this statement and the supporting documents shall remain the property of ASA. Failure to provide sufficient supporting documentation or misstatements shall warrant immediate cancellation of consideration by ASA. By my signature below, I attest to the accuracy of this financial statement and all supporting documents under the pains and penalties of perjury.

Borrower Signature: _____

Date: _____

Copies of supporting documents must be included with this financial statement:

Please do not send original documents.

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