

## OCAP - Non-Tax Offset Hardship Refund Request

Name (Last, First, Middle, Pres	vious)	Date of Birth	PID or SSN (Last 4)
Current Address			
City	State	Zip	Telephone Number

## Carefully read the entire form before completing it.

To request a refund of your Non-Tax Payment due to hardship, you must complete and return this form along with your U.S. Department of the Treasury (Treasury) letter you received advising that your federal non-tax payment was applied to the defaulted student loan debt held by Oklahoma College Assistance Program (OCAP). You should not submit this application until you receive notification from Treasury.

There is no guarantee as to the outcome of this review in reference to approval or refund.

If you are approved for a refund:

- Your account will be suspended from collection activity for 120 days to allow you time to pursue repayment options.
- You will be refunded up to a maximum of six monthly non-tax payments seized during the same year for the period before your application is received and during your 120-day suspension period.
- Your loan balance will increase as a result of the refund.
- You will not be eligible for any future hardship refunds should you be offset.

Please allow 30 days for OCAP to review your application. OCAP will notify you in writing of the determination of your hardship refund request.

All documentation submitted must be copies. OCAP is unable to return original documents.

If you have questions, please contact Delta Management Associates, Inc. at 800-688-6337.

## By signing this form I certify that:

- I have fully read the entire form and understand the eligibility requirements.
- I must provide a completed application along with the U.S. Department of the Treasury letter to be considered for review.
- I cannot pay my debt in full at this time.
- I am currently experiencing a hardship.
- I understand that if approved for the hardship refund, I will not be eligible for a non-tax offset hardship refunds in the future.
- I declare under penalty of law that the information and documents provided with this refund request are true and correct. WARNING: 18 U.S.C. § 1001 provides that "whoever...knowingly and willfully makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement...shall be fined..., imprisoned not more than five years..., or both."



Signature	Date

Please mail, email, or fax the Non-Tax Offset Hardship Refund Request and associated documents to the following address or number:

Delta Management Associates, Inc.

Attn: Non-Tax Offset P.O. Box 9191

Chelsea, MA 02150 Fax: 603-637-2776 fins@delta-mgt.com