

# Fresh Start Data Submission Form

By completing this form and signing below I am expressing my desire to participate in the Fresh Start program

Social Security Number		
Name		
Date of Birth		
Street Address 1		
Street Address 2		
City		
State		
Zip Code		
Phone Number - Primary		Is this a cellular number? <input type="checkbox"/> Y <input type="checkbox"/> N
Email Address		

## Data related to Income Driven Repayment

Your household size: Include yourself, your spouse (if married), any children who receive <b>more than half of their support</b> from you, any unborn children who will be born before the end of this <b>current</b> calendar year, and any other relatives living with you and who receive <b>more than half of their support</b> from you.  Note: Types of support include money (including loans), housing, food, clothing, transportation, medical and dental care, costs of college attendance.	
Your filing status from your most recent federal tax return. (married filing jointly, single, married filing separate, or head of household)	
Number of Dependents claimed on your tax return.	
Your adjusted gross income from your most recent federal tax return. (You can still apply if you don't file taxes because your income is too low.)	
Your spouse's adjusted gross income. (if you are married)	

## Active Bankruptcy Data (If applicable, this only applies if you have an active bankruptcy.)

Case Number	
Chapter	
Filed Date	
Filed Location	

Y  N  I authorize the Department of Education and its contractors to contact me regarding my loans, including repayment of my loans, at any cellular telephone number I have provided previously, or that I provide now or in the future, using automated dialing equipment or artificial or prerecorded voice or text messages.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your signature is required to process your request and certifies that the information you have provided on this form is true and correct.**