FINANCIAL STATEMENT

STUDENT LOANS OF NORTH DAKOTA

SFN 18381 (10-2012)

Section 326 of the USA PATRIOT Act[1] requires us to ask for your Social Security Number. The principal purpose and routine uses of this information are to verify your identity, provide for the servicing of your account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate you and collect on your loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

[1] This notice also satisfies our obligations under the Privacy Act of 1974.

Name			Social Security Number	
Address			Home Telephone Number	Cell Telephone Number
City	State	Zip Code	E-mail Address	
Employer Name			Spouse Name	Spouse Employer Telephone Number
Employer Telephone Number	Position Held		Number of Dependents	Ages of Dependents

ESTIMATED MONTHLY INCOME

Borrower Take Home Pay $		Spouse Take Home Pay $		Total $
Alimony or Support Payments Received (please specify name, age, and relationship for whom)				Total $
Social Security Income/Food Stamps (please specify for whom)				Total $
Other Income (investments, unemployment, business, AFDC, etc.) Please describe.				Total $
				Total Monthly Income $

AVERAGE MONTHLY EXPENSES

Rent and/or Mortgage Payment (specify who these are paid to)				Total $
Utilities Electric $	Heat $	Water $	Telephone $	Total $
Car Payment(s) (specify title holder's name)				Total $
Credit Card(s) $		Specific Loan Payment(s) (do not include SLND) $		Total $
Medical Doctor $	Dentist $	Medications $	Eye $	Total $
Maintenance or Support (please list for whom) Child $	Alimony $			Total $
Transportation (do not list car payments) Gas $	Repair $	Rides $	Insurance $	Total $
Food (including school lunches) $		Household Supplies (i.e., paper products, diapers, detergent) $		Total $
Taxes (not deducted from wages or included in mortgage payment)				Total $
Other Expenses (please explain below)				Total $
				Total Monthly Expenses $

PLEASE LIST ALL BANK ACCOUNTS

Name of Account Holder	Institution	Account Number	Type	Telephone Number
Other Assets				Total Worth $
Make, Model, & Year of Vehicles, Boats, Campers, Motorcycles, Snowmobiles, etc.				

PLEASE LIST TWO REFERENCES

Name	Address	City	State	Zip Code	Telephone Number

I will send $_____ per month, starting _____. I will need these special arrangements until _____ (not to exceed six months). I may be contacted at _____ (telephone number) if further information is needed. I authorize SLND to make any inquiries it deems necessary in connection with the review of this form, including financial information provided ont his statement. This information is complete and correct to the best of my knowledge. Enclosed is a payment of $_____.

Signature	Date

Return this form by	Attention

Student Loans of North Dakota
PO Box 5524
Bismarck, ND 58506-5524
800.472.2166 ext. _____