

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re:	)	
	)	
[DEBTOR],	)	Case No. _____
	)	Chapter [7]
Debtors.	)	
	)	
_____	)	
	)	
[DEBTOR],	)	
	)	
Plaintiff,	)	Adversary Pro. _____
	)	
v.	)	
	)	
UNITED STATES DEPARTMENT	)	
OF EDUCATION, [et al.],	)	
	)	
Defendant[s].	)	
_____	)	

ATTESTATION OF \_\_\_\_\_ IN SUPPORT  
OF REQUEST FOR STIPULATION  
CONCEDING DISCHARGEABILITY OF  
STUDENT LOANS

I, \_\_\_\_\_, make this Attestation in support of my claim that  
excepting the student loans described herein from discharge would cause an “undue hardship”  
to myself and my dependents within the meaning of 11 U.S.C. §523(a)(8). In support of this  
Attestation, I state the following under penalty of perjury:

I. PERSONAL INFORMATION

1. I am over the age of eighteen and am competent to make this Attestation.
2. I reside at \_\_\_\_\_ [address], in \_\_\_\_\_ County, [State].
3. My household includes the following persons (including myself):  
\_\_\_\_\_ [full name] \_\_\_\_\_ [age] \_\_\_\_\_ [self]

[Updated November 2022]

\_\_\_\_\_ [full name] \_\_\_\_\_ [age] \_\_\_\_\_ [relationship]  
\_\_\_\_\_ [full name] \_\_\_\_\_ [age] \_\_\_\_\_ [relationship]

***Questions four through nine request information related to your outstanding student loan debt and your educational history. The Department of Education will furnish this information to the Assistant United States Attorney (“AUSA”) handling your case, and it should be provided to you. If you agree that the information provided to you regarding your student loan debt and educational history is accurate, you may simply confirm that you agree, and these questions do not need to be completed. If you have not received the information from Education or the AUSA at the time you are completing this form, or if the information is not accurate, you may answer these questions based upon your own knowledge. If you have more than one student loan which you are seeking to discharge in this adversary proceeding, please confirm that the AUSA has complete and accurate information for each loan, or provide that information for each loan.***

4. I confirm that the student loan information and educational history provided to me and attached to this Attestation is correct: YES / NO [If you answered “NO,” you must answer questions five through nine].

5. The outstanding balance of the student loan[s] I am seeking to discharge in this adversary proceeding is \$\_\_\_\_\_.

6. The current monthly payment on such loan[s] is \_\_\_\_\_. The loan[s] are scheduled to be repaid in \_\_\_\_\_ [month and year] [OR] \_\_\_\_ My student loan[s] went into default in \_\_\_\_\_ [month and year].

7. I incurred the student loan[s] I am seeking to discharge while attending \_\_\_\_\_, where I was pursuing a \_\_\_\_\_ degree with a specialization in \_\_\_\_\_.

8. In \_\_\_\_\_ [month and year], I completed my course of study and received a \_\_\_\_\_ degree [OR] In \_\_\_\_\_ [month and year], I left my course of study and did not receive a degree.

9. I am currently employed as a \_\_\_\_\_. My employer's name and address is \_\_\_\_\_ [OR] \_\_\_\_\_ I am not currently employed.

## II. CURRENT INCOME AND EXPENSES

10. I do not have the ability to make payments on my student loans while maintaining a minimal standard of living for myself and my household. I submit the following information to demonstrate this:

### A. Household Gross Income

11. My current monthly household **gross** income from all sources is \$\_\_\_\_\_.<sup>1</sup>

This amount includes the following monthly amounts:

- \_\_\_\_\_ my **gross** income from employment (if any)
- \_\_\_\_\_ my unemployment benefits
- \_\_\_\_\_ my Social Security Benefits
- \_\_\_\_\_ my \_\_\_\_\_
- \_\_\_\_\_ my \_\_\_\_\_
- \_\_\_\_\_ my \_\_\_\_\_
- \_\_\_\_\_ **gross** income from employment of other members of household
- \_\_\_\_\_ unemployment benefits received by other members of household
- \_\_\_\_\_ Social Security benefits received by other members of household
- \_\_\_\_\_ other income from any source received by other members of household

12. The current monthly household gross income stated above (select which applies):

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<sup>1</sup> "Gross income" means your income before any payroll deductions (for taxes, Social Security, health insurance, etc.) or deductions from other sources of income. You may have included information about your gross income on documents previously filed in your bankruptcy case, including Form B 106I, Schedule I - Your Income (Schedule I). If you filed your Schedule I within the past 18 months and the income information on those documents has not changed, you may refer to that document for the income information provided here. If you filed Schedule I more than 18 months prior to this Attestation, or your income has changed, you should provide your new income information.

\_\_\_\_\_ Includes a monthly average of the gross income shown on the most recent tax return[s] filed for myself and other members of my household, which are attached, and the amounts stated on such tax returns have not changed materially since the tax year of such returns; OR

\_\_\_\_\_ Represents an average amount calculated from the most recent two months of gross income stated on four (4) consecutive paystubs from my current employment, which are attached; OR

\_\_\_\_\_ My current monthly household gross income is not accurately reflected on either recent tax returns or paystubs from current employment, and I have submitted instead the following documents verifying current gross household income from employment of household members:

\_\_\_\_\_

13. In addition, I have submitted \_\_\_\_\_ verifying the sources of income other than income from employment, as such income is not shown on [most recent tax return[s] or paystubs].

**B. Monthly Expenses**

14. My current monthly household expenses do not exceed the amounts listed below based on the number of people in my household for the following categories [Indicate “yes” if your expenses do not exceed the referenced amounts]:

**(a) Living Expenses<sup>2</sup>**

i.	Food	YES /	NO
	\$431 (one person)		

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<sup>2</sup> The living expenses listed in Question 14 and 15 have been adopted from the Internal Revenue Service Collection Financial Standards “National Standards” and “Local Standards” for the year in which this form is issued. This form is updated annually to reflect changes to these expenses.

- |      |  |       |    |
|------|--|-------|----|
|      | \$779 (two persons)                                  |       |    |
|      | \$903 (three persons)                                |       |    |
|      | \$1028 (four persons)                                |       |    |
| ii.  | Housekeeping supplies                                | YES / | NO |
|      | \$40 (one person)                                    |       |    |
|      | \$82 (two persons)                                   |       |    |
|      | \$74 (three persons)                                 |       |    |
|      | \$85 (four persons)                                  |       |    |
| iii. | Apparel & Services                                   | YES / | NO |
|      | \$99 (one person)                                    |       |    |
|      | \$161(two persons)                                   |       |    |
|      | \$206 (three persons)                                |       |    |
|      | \$279 (four persons)                                 |       |    |
| iv.  | Personal care products and services<br>(non-medical) | YES / | NO |
|      | \$45 (one person)                                    |       |    |
|      | \$82 (two persons)                                   |       |    |
|      | \$78 (three persons)                                 |       |    |
|      | \$96 (four persons)                                  |       |    |
| v.   | Uninsured medical costs                              | YES / | NO |
|      | \$75 (per individual under 65)                       |       |    |
|      | \$153 (per individual over 65)                       |       |    |
| vi.  | Miscellaneous expenses                               | YES / | NO |
|      | not included elsewhere on this Attestation:          |       |    |
|      | \$170 (one person)                                   |       |    |
|      | \$306 (two persons)                                  |       |    |
|      | \$349 (three persons)                                |       |    |
|      | \$412 (four persons)                                 |       |    |

(b) Households Greater Than Four Persons

If your household consists of more than four people, please provide your *total* expenses for the categories in Question 14(a): \$\_\_\_\_\_

[If you filed a Form 122A-2 Chapter 7 Means Test or 122C-2 Calculation of Disposable Income in your bankruptcy case, you may refer to lines 6 and 7 of those forms for information.]<sup>3</sup>

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<sup>3</sup> Forms 122A-2 and 122C-2 are referred to collectively here as the “Means Test.” If you filed a Means Test in your bankruptcy case, you may refer to it for information requested here and in other expense categories below. If you did not file a Means Test, you may refer to your Schedule

(c) Excess Expenses

If your current monthly household expenses exceed the amounts listed above for any of the categories in Question 13(a) and you would like the AUSA to consider such additional expenses as necessary, you may list those expenses and explain the need for such expenses here.

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15. My current monthly household expenses in the following categories are as follows:

(a) Payroll Deductions

i. Taxes, Medicare and Social Security \$ \_\_\_\_\_  
[You may refer to line 16 of the Means Test or Schedule I, line 5]

ii. Contributions to retirement accounts \$ \_\_\_\_\_  
[You may refer to line 17 of the Means Test or Schedule I, line 5]

Are these contributions required  
as a condition of your employment? YES / NO

iii. Union dues \$ \_\_\_\_\_  
[You may refer to line 17 of the Means Test or Schedule I, line 5]

iv. Life insurance \$ \_\_\_\_\_  
[You may refer to line 18 of the Means Test or Schedule I, line 5]

Are the payments for a term policy  
covering your life? YES / NO

v. Court-ordered alimony and child support \$ \_\_\_\_\_  
[You may refer to line 19 of the Means Test or Schedule I, line 5]

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I and Form 106J – Your Expenses (Schedule J) in the bankruptcy case, which may also list information relevant to these categories. You should only use information from these documents if your expenses have not changed since you filed them.

vi. Health insurance \$ \_\_\_\_\_  
[You may refer to line 25 of the Means Test or Schedule I, line 5]

Does the policy cover any persons other than  
yourself and your family members? YES / NO

vii. Other payroll deductions  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(d) Housing Costs<sup>4</sup>

i. Mortgage or rent payments \$ \_\_\_\_\_  
ii. Property taxes (if paid separately) \$ \_\_\_\_\_  
iii. Homeowners or renters insurance \$ \_\_\_\_\_  
(if paid separately)  
iv. Home maintenance and repair \$ \_\_\_\_\_  
(average last 12 months' amounts)  
v. Utilities (include monthly gas, electric \$ \_\_\_\_\_  
water, heating oil, garbage collection,  
residential telephone service,  
cell phone service, cable television,  
and internet service)

(e) Transportation Costs

i. Vehicle payments (itemize per vehicle) \$ \_\_\_\_\_  
ii. Monthly average costs of operating vehicles \$ \_\_\_\_\_  
(including gas, routine maintenance,  
monthly insurance cost)  
iii. Public transportation costs \$ \_\_\_\_\_

(f) Other Necessary Expenses

i. Court-ordered alimony and child support payments \$ \_\_\_\_\_  
(if not deducted from pay)  
[You may refer to line 19 of Form 122A-2 or 122C-2 or Schedule J, line 18]

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<sup>4</sup> You should list the expenses you actually pay in Housing Costs and Transportation Costs categories. If these expenses have not changed since you filed your Schedule J, you may refer to the expenses listed there, including housing expenses (generally on lines 4 through 6 of Schedule J) and transportation expenses (generally on lines 12, 15c and 17).

- ii. Babysitting, day care, nursery and preschool costs \$ \_\_\_\_\_  
[You may refer to line 21 of Form 122A-2 or 122C-2 or Schedule J, line 8]<sup>5</sup>

Explain the circumstances making it necessary  
for you to expend this amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- iii. Health insurance \$ \_\_\_\_\_  
(if not deducted from pay)  
[You may refer to line 25 of the Means Test or Schedule J, line 15]

Does the policy cover any persons other than YES / NO  
yourself and your family members?

- iv. Life insurance \$ \_\_\_\_\_  
(if not deducted from pay)  
[You may refer to line 25 of the Means Test or Schedule J, line 15]

Are the payments for a term policy YES / NO  
covering your life?

- v. Dependent care (for elderly or disabled family members) \$ \_\_\_\_\_  
[You may refer to line 26 of the Means Test or Schedule J, line 19]

Explain the circumstances making it necessary  
for you to expend this amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<sup>5</sup> Line 8 of Schedule J allows listing of expenses for “childcare and children’s education costs.” You should not list any educational expenses for your children here, aside from necessary nursery or preschool costs.



vi. Payments on delinquent federal, state or local tax debt \$ \_\_\_\_\_  
[You may refer to line 35 of the Means Test or Schedule J, line 17]

Are these payments being made pursuant to an agreement with the taxing authority? YES / NO

vii. Payments on other student loans I am not seeking to discharge \$ \_\_\_\_\_

viii. Other expenses I believe necessary for a minimal standard of living. \$ \_\_\_\_\_

Explain the circumstances making it necessary for you to expend this amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. After deducting the foregoing monthly expenses from my household gross income, I have \_\_\_\_\_ [no, or amount] remaining income.

17. In addition to the foregoing expenses, I anticipate I will incur additional monthly expenses in the future for my, and my dependents', basic needs that are currently not met.<sup>6</sup> These include the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>6</sup> If you have forgone expenses for any basic needs and anticipate that you will incur such expenses in the future, you may list them here and explain the circumstances making it necessary for you to incur such expenses.

III. FUTURE INABILITY TO REPAY STUDENT LOANS

18. For the following reasons, it should be presumed that my financial circumstances are unlikely to materially improve over a significant portion of the repayment period (answer all that apply):

- I am over the age of 65.
- The student loans I am seeking to discharge have been in repayment status for at least 10 years (excluding any period during which I was enrolled as a student).
- I did not complete the education for which I incurred the student loan[s].
- I have a permanent disability or chronic injury which renders me unable to work or limits my ability to work.

Describe the disability or injury and its effects on your ability to work, and indicate whether you receive any governmental benefits attributable to this disability or injury:

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- I have been unemployed for at least five of the past ten years.

Please explain your efforts to obtain employment.

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19. For the following additional reasons, my financial circumstances are unlikely to materially improve over a significant portion of the repayment period (answer all that apply):

- I incurred student loans I am seeking to discharge in pursuit of a degree I was unable to complete for reasons other than the closure of the educational institution.

Describe your reasons for being unable to complete the degree:

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\_\_\_ I am not currently employed.

\_\_\_ I am currently employed, but I am unable to obtain employment in the field for which I am educated or have received specialized training.

Describe reasons for inability to obtain such employment, and indicate if you have ever been able to obtain such employment:

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\_\_\_ I am currently employed, but my income is insufficient to pay my loans and unlikely to increase to an amount necessary to make substantial payments on the student loans I am seeking to discharge.

Please explain why you believe this is so:

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\_\_\_ Other circumstances exist making it unlikely I will be able to make payments for a significant part of the repayment period.

Explain these circumstances: \_\_\_\_\_

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IV. PRIOR EFFORTS TO REPAY LOANS

20. I have made good faith efforts to repay the student loans at issue in this proceeding, including the following efforts:

21. Since receiving the student loans at issue, I have made a total of \$\_\_\_\_\_ in payments on the loans, including the following:

\_\_\_ regular monthly payments of \$\_\_\_\_\_ each.

\_\_\_ additional payments, including \$\_\_\_\_\_, \$\_\_\_\_\_, and \$\_\_\_\_\_.

22. I have received \_\_\_ forbearances or deferments, for a period totaling \_\_\_ months.

23. I have attempted to contact the company that services or collects on my student loans or the Department of Education at least \_\_\_\_\_ times.

24. I have sought to enroll in one or more “Income Deferred Repayment Programs” or similar repayment programs offered by the Department of Education, including the following:

Description of efforts:

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25. [If you did not enroll in such a program]. I have not enrolled in an “Income Deferred Repayment Program” or similar repayment program offered by the Department of Education for the following reasons:

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26. Describe any other facts indicating you have acted in good faith in the past in attempting to repay the loan, including efforts to obtain employment, maximize your income, or minimize your expenses:

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V. CURRENT ASSETS

27. I own the following parcels of real estate:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owners:<sup>7</sup> \_\_\_\_\_  
\_\_\_\_\_

Fair market value: \_\_\_\_\_

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<sup>7</sup> List by name all owners of record (self and spouse, for example)

Total balance of mortgages and other liens. \_\_\_\_\_

28. I own the following motor vehicles:

Make and model: \_\_\_\_\_

Fair market value: \_\_\_\_\_

Total balance of Vehicle loans And other liens \_\_\_\_\_

29. I hold a total of \_\_\_\_\_ in retirement assets, held in 401k, IRA and similar retirement accounts.

30. I own the following interests in a corporation, limited liability company, partnership, or other entity:

Name of entity	State incorporated <sup>8</sup>	Type <sup>9</sup> and %age Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

31. I currently am anticipating receiving a tax refund totaling \$\_\_\_\_\_.

**VI. ADDITIONAL CIRCUMSTANCES**

32. I submit the following circumstances as additional support for my effort to discharge my student loans as an “undue hardship” under 11 U.S.C. §523(a)(8):

<sup>8</sup> The state, if any, in which the entity is incorporated. Partnerships, joint ventures and some other business entities might not be incorporated.

<sup>9</sup> For example, shares, membership interest, partnership interest.

[Updated November 2022]

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Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature: