

CEAL PROGRAM FINANCIAL STATEMENT - BORROWER INFORMATION BANK OF NORTH DAKOTA

STUDENT LOANS

SFN 61944 (12-2024)

Borrower Name (first, middle, last)	Social Security Number	Date of Birth	(mm/dd/yyyy)
Street Address	City	State	ZIP Code
Telephone Number (include area code)	Certificate/Program		
Current Employer Name	Position/Title	Monthly Gross Income	
Employer Street Address	City	State	ZIP Code
Employment Start Date (mm/dd/yyyy)	Additional Monthly Income to be Considered *	Source of Income	

OUTSTANDING DEBT PAYMENT (do not include insurance, utilities or normal monthly household bills) - if you require additional space, make a copy and attach the additional page

Monthly Debts	Monthly Payment	Total Owed	Name of Creditor
Rent *			
Mortgage Payment			
Child Support/Alimony			
Auto Loan			
Auto Loan			
Bank/Credit Union Loan			
Bank/Credit Union Loan			
Credit Card			
Other			
TOTAL MONTHLY DEBT			
Student Loan			
TOTAL STUDENT LOAN DEBT			

Provide the following documents, if applicable:

• Most recent federal income tax return (provide supporting documentation when applicable, e.g., Schedule K-1)

- Two most recent pay stubs from your current employer
- * Documentation on any additional income you would like considered

* Rental Agreement

Borrower Signature

Date (mm/dd/yyyy)

Keep a copy of this completed form for your records. Return this form by mail, fax or email to:

Bank of North Dakota • Student Loans • PO Box 5509 • Bismarck, ND 58506-5509 • Fax: 701.328.5629 • Email: studentloans@nd.gov