

DEAL PROGRAM FINANCIAL STATEMENT - COSIGNER INFORMATION

BANK OF NORTH DAKOTA
STUDENT LOANS
SFN 60291 (12-2024)

BND Use Only

Cosigner Name (first, middle, last)	Social Security Number	Date of Birth (mm/dd/yyyy)	
Street Address	City	State	ZIP Code
Telephone Number (include area code)			
Current Employer Name	Position/Title	Monthly Gross Income	BND Use Only
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	BND Use Only		BND Comments
Rent *						
Mortgage Payment						
Child Support/Alimony						
Auto Loan						
Auto Loan						
Bank/Credit Union Loan						
Bank/Credit Union Loan						
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Other						
TOTAL MONTHLY DEBT						
Student Loan						
Student Loan						
Student Loan						
Student Loan						
Student Loan						
Student Loan						
Student Loan						
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**

BND Use Only

Cosigner 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

For questions contact:
Toll-free: 833.397.0311 • TTY: 800.366.6888 • bnd.nd.gov