



## ASA - Tax Offset Hardship Refund Request

### Your Information

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Name (Last, First, Middle, Previous)      Date of Birth      PID or SSN (Last 4)

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Current Address

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City      State      Zip      Telephone Number

*Carefully read the entire form before completing it.*

To be eligible for a full or partial refund of your Treasury Offset Program (TOP) payment:

- You must be in an active voluntary repayment plan. If you are not in a repayment plan, contact Delta Management Associates, Inc. at 800-688-6337.
- You are only eligible for **one** hardship refund for offset taxes. If you have been approved for a hardship refund in the past, you will not be eligible for further hardship refunds.
- You must have received notification from the U.S. Department of the Treasury advising you that your federal or state tax payment has been applied to a defaulted federal student loan(s) held by American Student Assistance (ASA). **Do not** submit this application until you have received this notification. Please include a copy of the notification along with your completed application.
- You must be experiencing a hardship specifically for the criteria below. If your situation does not fall into the criteria listed below, you are not eligible for a hardship refund.
- You **must submit** the completed form, the required supporting documentation and the notification from the U.S. Department of the Treasury. Incomplete forms or missing/invalid documentation will result in a denial of your request for refund.

Please allow 30 days for the review of your application. Delta Management Associates, Inc. will notify you in writing of the determination of your hardship refund request.

If you are approved for a refund, you will be refunded up to the amount of the eligible hardship reason and documentation submitted. You might not be approved for the total amount of the tax offset or the total amount you are requesting in your eligible documentation. If approved for a hardship refund, your loan balance will increase as a result. You will not be eligible for any future hardship refunds should you be offset.



I am requesting a hardship refund for the following reason(s):

**Proof of Exhausted Unemployment Benefits**

If your unemployment benefits have been exhausted, provide a copy of the relevant notice.

**Proof of an Eviction or Foreclosure Notice:**

**Foreclosure**

You must submit the required documentation along with your completed application. The required documentation must include all of the following:

- Must be from the court system
- Have a recent date (within three months of the offset date)
- List the **total amount in arrears**

**Eviction**

You must submit the required documentation along with your completed application. The required documentation must include all of the following:

- Must be from the rental agency or holder of the mortgage and be signed by an official representative
- Have a recent date (within three months of the offset date)
- List **total amount in arrears**

**Utility Disconnection/Shutoff Notice**

The required documentation must be for water, sewer, gas or electric only and include the following:

- Must state disconnection or shutoff
- Must have a current date (within three months of the offset date)
- List the **total amount owing**

**Homeless**

By checking this box, I certify that I am currently homeless and do not have a permanent address. I have included a temporary address on the form and will update <<AGENCY>> with my permanent contact information when this is available.

All documentation submitted must be copies. Delta Management Associates, Inc. will be unable to return original documents.

Please mail, email, or fax the Tax Offset Hardship Refund Request and associated documents to the following address or number:

**PO Box 9191  
Chelsea, MA 02150  
Phone:800-688-6337  
Fax: 617-660-3896  
Email: fins@deltamanagementassociates.com**

If you have questions, please contact Delta Management Associates, Inc.



By signing this form I certify that:

- I have fully read the entire form and understand the eligibility requirements.
- I must provide a completed application, the required documentation and the notification from the U.S. Department of the Treasury to be considered for review.
- I understand that if approved for the hardship refund, I will not be eligible for tax offset hardship refunds in the future.
- I declare under penalty of law that the information and documents provided with this refund request are true and correct. *WARNING: 18 U.S.C. § 1001 provides that "whoever...knowingly and willfully makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement...shall be fined..., imprisoned not more than five years..., or both."*

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Signature

Date

Return to:

Delta Management Associates, Inc.  
PO Box 9191  
Chelsea, MA 02150  
Phone: 800-688-6337  
Fax: 617-660-3896  
Email: [fins@deltamanagementassociates.com](mailto:fins@deltamanagementassociates.com)