

Document Preparation & Administrative Service Agreement

Section 1: Client Information		Client ID: 454593239	Agreement Date: Mar 18, 2021
Client First Name: Kathy		Client Last Name: Mann	
Street Address: 806 N AYCOCK ST		City, State, Zip: CARROLLTON, GA 30117	
Client Email: evangelistkbrmann@gmail.com		Client Phone: 770-820-5384	
Section 2: Client's Estimated Summary of Current Federal Student Loans			
The basis of this summary is derived from the input of the client.			
Estimated Total Federal Loan Balance: \$75,780.00		Loan Status: Forbearance	
Number of Loans: 15		Estimated New Loan Payment: \$0.00	
New Loan Payment Validation Term: Annually		Estimated Payment Term (Months): 240	
Name of Repayment Plan Selected: Pay As You Earn (PAYE)			
Section 3: Required Consolidation Paperwork Information			
Client SSN: [REDACTED]		Client DOB: 01/30/1963	
FSA ID: evangelistkbrmann@gmail.com		FSA PASSWORD: Password1	
Employer Phone: 470-244-7416		Family Size they support (ADULT): 2	
Filing Status: Head of Household		Family Size they support (CHILDREN): 3	
Client PSLF Candidate (Yes/No): Yes		Current Annual Income: \$2400	