

**FEDERAL HEALTH EDUCATION ASSISTANCE** M M / D D Y Y  
(42 U.S.C. 292-292o)

READ INSTRUCTIONS ON REVERSE  
BEFORE COMPLETING THIS FORM.

**HOLDER'S REPORT ON HEALTH EDUCATION ASSISTANCE LOANS (HEAL)**

NAME AND ADDRESS OF HOLDER INSTITUTION:  
REPORT PERIOD

COMPLETE THIS FORM AND RETURN TO:  
Division of Health Careers Diversity and  
Development, BHP, HRSA  
HEAL Program, Room 8-37  
5600 Fishers Lane  
Rockville, Maryland 20857

HOLDER'S IDENTIFICATION  
HRSA-512 (INSTRUCTIONS)  
Rev. 06/06

STATUS OF HEAL LOAN	NUMBER OF BORROWERS	NUMBER OF LOANS	DOLLAR AMOUNT
<b>SECTION I - LOANS IN STUDENT STATUS AND GRACE PERIOD</b>			
(1) STUDENT STATUS			\$
(2) GRACE PERIOD			\$
<b>TOTAL SECTION I</b>			\$
<b>SECTION II - LOANS CURRENTLY IN REPAYMENT STATUS AND NOT PAST DUE</b>			
(1) ON SCHEDULE WITH PAYMENTS			\$
(2) DEFERRED STATUS			\$
(3) FORBEARANCE			\$
<b>TOTAL SECTION II</b>			\$
<b>SECTION III - LOANS PAST DUE</b>			
(1) 1 - 90 DAYS			\$
(2) 91 - 150 DAYS			\$
(3) OVER 150 DAYS			\$
<b>TOTAL SECTION III</b>			\$
<b>SECTION IV - AMOUNT REPAYED ON LOANS</b>			
(1) AMOUNT PAID ON HEAL LOANS OUTSTANDING			\$
(2) HEAL LOANS PAID IN FULL			\$
<b>TOTAL SECTION IV</b>			\$
<b>SECTION V - TOTAL HEAL LOANS OUTSTANDING (THE SUM OF SECTIONS 1, 11, AND 111)</b>			\$

SIGNATURE OF AUTHORIZED OFFICIAL	NAME AND TITLE (PRINT OR TYPE)	DATE	TELEPHONE (Include area code)
			( )

**WARNING:** Any person who knowingly makes a false statement of misrepresentation on this form may be subject to a fine of up to \$10,000 or to imprisonment of up to five years or both under provisions of the United States Criminal Code. Such provision may include among others, 18 U.S.C. 1001.

