

LOAN INFORMATION AND VERIFICATION FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE (BCRS)
DIVISION OF APPLICATIONS AND AWARDS
FACULTY LOAN REPAYMENT PROGRAM

INSTRUCTIONS:

APPLICANT: Complete one copy of this form for each loan you are applying to have considered for repayment under the Faculty Loan Repayment Program. To each form, attach a copy of the promissory notes or disclosure statements, and statements from the current holder indicating your name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of FLRP application. Please print clearly and complete the entire form to expedite verification. *Please note that incomplete information will render your loan ineligible.*

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1. Applicant's Name (Last, First, Middle) _____ 2. Applicant's Social Security No. _____
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3. Applicant's Complete Address _____ 4. Applicant's Telephone No. _____
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5. Name of Lending Institution _____ 5.a. Lender's Telephone No. _____ 6. Loan Account No. _____
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7. Full Address of Lending Institution _____
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8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary loan holder's name and full address.
Yes No
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9. Original Date of the Loan _____ 10. Original Amount of the Loan _____
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- 11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11b. Interest Rate _____
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12. Purpose of the Loan as Indicated on the Loan Application: _____
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13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____
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14. Loan in Default? Yes No Date of Default: _____
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15. Loan Under a Federal Court Judgment? Yes No Date of the Judgment: _____

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. Please read page 15 of the *Bulletin* under item number 3 – Consolidated/Refinanced Loans for more detail.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and further certify that the above-identified loan was incurred solely for the costs of undergraduate or graduate education.

AUTHORIZATION FOR DISCLOSURE. Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 5 or 8 above to release financial records relating to the educational loan identified above to the HHS and/or its contractors for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the Faculty Loan Repayment Program. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

SIGNATURE OF APPLICANT _____

DATE _____