

APPLICATION FOR CONTRACT OF FEDERAL LOAN INSURANCE

Department of Health and Human Services
Health Resources and Services Administration

PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. The OMB control number for this project is 0915-0034. Public burden is estimated at 8 minutes for the lender/holder per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.

You can use this form to apply to participate in the Health Education Assistance Loan (HEAL) Program.

INSTRUCTIONS

Item 1b. Enter your six digit code number, which was assigned to you by the HEAL Program. If you have not previously been assigned a code number, leave this item blank. If your institution has branch offices, they are covered by the approval of the application unless those offices maintain their own loan accounting systems. In those cases a separate application(s) is required.

Items 3 and 4. If your institution is an instrumentality of a State (State Loan Agency), you are not required to complete Items #3 and #4.

Item 5. Enter the regulatory (Federal or State) agency:

You must attach supporting documents to show that your institution is capable of complying with the HEAL Statute, regulations, and policy directives. In addition to other information you may wish to submit, you must submit the following:

- If the applicant is a commercial institution, a copy of the latest Annual Report;
- If the applicant is a lender for other Federal/State programs, a copy of your latest Call Report showing the loan activities (delinquency/default rates, etc.);
- If the applicant is a State Agency, a copy of your latest State Agency reports submitted to the Department of Education showing loan activities (delinquency/default rates, etc.).

CONTACT INFORMATION

In the next column please provide the requested information of the officials who will serve as the points of contact to receive the following. (You must report any directory changes occurring during the application period to the HEAL Program.)

CODE NUMBER

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•Quarterly Interest Rate Announcements:

CONTACT NAME: _____
 ADDRESS: _____

 EMAIL ADDRESS _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____

•Quarterly Reports on HEAL Loans Outstanding:

CONTACT NAME: _____
 ADDRESS: _____

 EMAIL ADDRESS _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____

•Policy and Procedures Questions:

CONTACT NAME: _____
 ADDRESS: _____

 EMAIL ADDRESS _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____

•Loan and Disbursement Processing:

CONTACT NAME: _____
 ADDRESS: _____

 EMAIL ADDRESS _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____

•Claims Questions:

CONTACT NAME: _____
 ADDRESS: _____

 EMAIL ADDRESS _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____

•Entity serving as your Loan Servicer:

CONTACT NAME: _____
 COMPANY NAME: _____
 ADDRESS: _____

 EMAIL ADDRESS _____
 TELEPHONE NO. (____) _____
 FAX NO. (____) _____

•Customer Service Contact Number(____)_____

Please return page 1, the Instruction Sheet with the page 3, the application. Retain page 2, your copy of the application.

