



LOAN INFORMATION AND VERIFICATION FORM

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

INSTRUCTIONS:

APPLICANT: Complete one copy of this form for each loan you are applying to have considered for repayment under the National Health Service Corps (NHSC) Loan Repayment Program (LRP). To each form, attach a current account statement showing your loan balance and interest rate. Please print clearly and complete the entire form to expedite verification. *Please note that incomplete information will render your loan ineligible.*

1. Applicant's Name (Last, First, Middle) _____ 2. Applicant's Social Security No. _____

3. Applicant's Complete Address _____ 4. Applicant's Telephone No. _____

5. Name of Lending Institution _____ 5.a. Lender's Telephone No. _____ 6. Loan Account No. _____

7. Full Address of Lending Institution _____

8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary/current loan holder's name and full address.
Yes No _____

9. Original Date of the Loan _____ 10. Original Amount of the Loan _____

11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11b. Interest Rate _____

12. Purpose of the Loan as Indicated on the Loan Application: _____

13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____

14. Loan in Default? Yes No Date of Default: _____

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 applicable loan documents for the education costs that were consolidated into a new loan. See Program Overview – 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 pursued prior to my receipt of the degree in the health profession in which I would satisfy my NHSC LRP service commitment.

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(s) 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 NHSC LRP. 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