## LENDER'S APPLICATION FOR INSURANCE CLAIM ON A FEDERAL HEALTH EDUCATION ASSISTANCE LOAN (HEAL)

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan is subject to possible fine and imprisonment under Federal Statue.

FORM APPROVED:

OMB NO.0915-0036 Exp. Date:

					1b. Servicer Information												
Holder Name: Address:					Servicer I Address:	D Number: Name:				Original Claim Submission Yes No							
City/State/Zip Cod	e:				City/State	e/Zip Code:_						If no, date on HHS letter rejecting original claim					
Telephone No.:		Fax:			Telepho	ne No.:		Fax:			submission:						
1c. Claim Type																	
Judgment	Bankruptcy (	Chapter 11	Bank	ruptcy Chapter 13	Bankr	uptcy Adve	rsary	Skip	U	Jnable to	Disability	y Death	Low Loan			Low Balance	
										Serve							
2. Borrower Inf	ormation																
		Social Security No			Last Known Address				Cit	у	Sta	State Or Country		Zip Code			
3. Heal Loan In	formation and	1 Document	tation (	Complete all colur	nns for ea	ach loan list	ed.)		I			-!					
Loan ID Number		Original Loan Amount Guaranteed		Disbursed	Promissory Note (Check one column)		Application (Check one column)		Repayment Schedule		Payment History (Check for	Principal & Interest Workshee	et	in Deferment		No. of Months in Forbearance	
					Original	Copy with Affidavit	Original	Сору	Сору	Affidavit	Yes)	(Check for Y	(es)				

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Borrower Name (Last, 1	Social S	Security N	Jo.													
4. Claim Information																
Borrower School Separation Date Repayment Begin Date					Refinanced Loan?	Most Re			ecent Delinquency Date Re			Reported Credit Bureau Date				
				Ŋ	Yes 🗆 No 🗆											
Due Diligence Letter 1	Date	Due Diligence Letter 2 Date			Due Diligence Letter 3 Date			Due Diligence Letter 4 Date Pri			Pric	Prior Bankruptcy?				
_		5						· · · · · · · · · · · · · · · · · · ·				Yes No D				
PCA 90 Day Letter Dat	PCA 120 Da	y Letter Da	te P	PCA 150 Day Lette	r Date Fina <sup>r</sup>		Final De	Final Demand Date								
5. Judgment Claim																
Litigation Began Date	Litigation I	D Number Judgment Date			udgment Assignme	nt Date	1				0	Judgment Interest Rate Continuing Intere				
							Judgi	udgment Received I		ed Date (Perce		tt Only)	Clause?			
													Yes D No D			
6. Bankruptcy Claim	<u> </u>			0			1		,	<u> </u>						
Official Notification of Date	of Bankruptcy	First Meeting of Creditors Included?				im Included?		Transfer of Proof of Yes 🗌 N			1.		by of Bankruptcy Plan Included?			
Date		Yes No			Yes 🗆	No	No 🗌 🦷 Y			No [		Yes No				
Adversary C	Inly	Basis for Objection Included			Convof	omplain	t? (	Complaint	Date	ate Copy of Summons?		Adversary Received Date				
	Jiny	Yes No			Yes 🗆	10 1			Yes $\square$ N							
7. Skip		8. Unable t	- Some ro													
Skip Tracing Began	No. of Atter		Was Se	s Service Attempted by Officers of the Cour			urt Return of Service? Last Attem				npt Date Copy of Complaint Included?					
Date				Service)? Yes								Yes No				
9. Disability																
Notified of Disability Date					Package Sent to HHS Date				HHS	6 Approval	Date					
10. Death																
Notified of Death Dat	te			Official Notification of Death Received Date					te							
11. Low Loan									12.	Low Balar						
All Loans Made Prior to 11/14/88 <\$5000?				All Loans Made on After 11/4/88 <\$2500?				Claim Amount <\$1000?								
Yes 🗆 No 🗆					Yes 🗌 No 🗌				Yes 🗌 No 🗌							
13. Total Amount of Insurance Claim (Principal and Interest): \$									FOR PHS USE ONLY							
I certify that the information on this form is correct. I have used standard commercial collection practices and conformed to the due diligence standards of the HEAL regulations and policy guidelines. The borrower is not entitled to the deferment of principal, as provided in the Promissory Note(s). Any further payments by the																
regulations and policy g borrower will be sent to	,		entitled to th	ie determei	nt of principal, as pr	ovided in	the Pron	ussory Not	e(s). An	ly further pa	yments by th	ne				
14a. Signature of Auth		14b. Name and Title (Please Print)							140	14c. Date						

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