## 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.

ORM APPROVED:	
MB NO1845-0127	

1a. Holder Info	ormation		1b. Servicer Information															
Holder ID Number					Servicer ID Number: Origina							Original Claim S	iginal Claim Submission					
Holder Name:					Servicer	Name:							O	No [				
Address:					Address:							1					1	
City/State/Zip Code:						City/State/Zip Code: If no, date on letter rejecting original claim submission: Telephone No.: Fax:												
Telephone No.: _			Telepho	one No.:		]	Fax:											
1c. Claim Type	!																	
Judgment	ment Bankruptcy Chapter 11 Bankruptcy Chapter 1			ruptcy Chapter 13	Bankı	ruptcy Adve	ersary	, l		Jnable to	Disabili	Disability D		Low Loan		Low Balance		
										Serve								
2. Borrower Information       Borrower Name (Last, First, M.I.)     Social Security No.     Last Known Address     City     State Or Country     Zip Country																		
Borrower Name (L	ast, First , M.I.)			Social Security No	To. Last Known Address C								•	Zip Code				
2 Heel Lean Ind	3. Heal Loan Information and Documentation (Complete all co					aala laasa liat	-41											
Loan ID N				<u> </u>			ea.) Applic	nation	Don	ox mont	Payment	Dist 1		10 NTCN/		onthe	No. of Months in	
Loan ID N	umber	Original Loan Amount				Promissory Note (Check one				Repayment Paymer Schedule History					No. of Mo in Defem		Forbearance	
	An Guar			Disbursed		column)		(Check one column)		iledule	(Check fo		Workshee		III Deletti	icii	Torocarance	
			eea		Original	Сору	Original	Copy	Copy Affidavit		Yes)	л	(Check for Y					
						with	0.00	o Py			160)		(Circuitor I					
						Affidavit												
						П							$\top$					

Borrower Name (Last, First, M.I.)							Social Security No.										
4. Claim Information	1																
Borrower School Separation Date Repayment Begin Date				Refir	nanced Loan?	Most Rece				elinquenc	y Date R	eported Cred	dit Bure	eau Date			
				Yes	□ No	o □											
Due Diligence Letter 1 Date Due Diligence Letter		e Letter 2	2 Date Due Diligence Letter			er 3 Date Due Dilige			Diligence I	gence Letter 4 Date Prior Bar				nkruptcy?			
											Y	es 🗆 No 🗆					
PCA 90 Day Letter Date PCA 120 Day Let			y Letter D	PCA 150 Day Letter			er Date Final Dem			Demand I	Oate						
5. Judgment Claim																	
Litigation Began Date	e Litigation	ID Number	Judgmer	nt Date	Date Judgment Assignment				-	d or Certifi		Post-Judgm					
						Judgment Recei			Received D	<b>D</b> ate	(Perce	Percent Only) Clause?					
	(All D. I	11	01 1 1	. 40.1											Yes $\square$	No 🗆	
6. Bankruptcy Claim	` .	<u></u>			ys of no					tation.) Transfer of	D C - C	Claire	C	. Dl		1 10	
Official Notification Date	First Meetin Included?	ng of Crea	tors				nim Included?					Copy of	Copy of Bankruptcy Plan Included?				
Yes				No 🗆 Yes 🗆			No 🗆 Yes			Yes $\square$	s			Yes \( \square\) No \( \square\)			
Adversary Only		Basis for	Basis for Objection Included?				Copy of Complaint?			Complaint Date Copy of				Adversary Received Date			
		Yes	Yes □ No □			Yes □ No □			Yes $\square$			□ No					
7. Skip		8. Unable to	o Serve							<u>'</u>							
Skip Tracing Began	Determination	No. of Atter	npts to	Was Service Attempted by			y Officers of the Court Ro			Return of S	Service?	Last Atten			Copy of Complaint Included?		
Date	Date	Serve		(Pub	lic Serv	Service)? Yes $\square$ No $\square$ Yes				Yes $\square$	No			Yes $\square$ No $\square$			
9. Disability		•		'													
Notified of Disability Date Pack						Package Sent to ED Date					ED Approval Date						
10. Death																	
Notified of Death Date  Official Notification of Death Received Date																	
11. Low Loan 12. Low Balance												-					
All Loans Made Prior to 11/14/88 < \$5000? All I					All Loans Made on After 11/4/88 <\$2500?					Cla	im Amo	unt <\$1000?					
Yes □ No □ Yes □ No □										Yes	s 🗆	No $\square$					
13. Total Amount of Insurance Claim (Principal and Interest): \$										FOR PSC USE ONLY							
regulations and policy borrower will be return			enuuea to t	he getert	Hent of	principal, as pr	.uviuea in	uie Pror	HISSORY I	inole(s). A	iiy iume	r payments by	uæ				
14a. Signature of Authorizing Official  14b. Name and Title (Please Print)											14c. I	Date					

HEAL — 510 PAGE 2