NIFA Veterinary Medicine Loan Repayment Program (VMLRP) National Institute of Food and Agriculture
US Department of Agriculture
OMB No. 0524-0050
Form Approved For Use Through XX/XX/XXXX

APPLICATION PART 2: FINANCIAL

NIFA Veterinary Medicine Loan Repayment Program

Instructions: You are required to complete Sections 1-3 below for each loan servicer you have outstanding loan debt with. All loans must be listed for each servicer. If you have loans with different loan servicers, you need to complete a separate form for each servicer. If your loans have been consolidated into one loan account, only submit one Application Part 2 Financial form for the servicer of the consolidated loan.

Important: The completion of this form requires accurate and comprehensive information as of the time of submittal. We recommend you gather your educational loan information before starting this form. Email the form(s) packet to vmlrp.applications@usda.gov or fax to (833) 208-8205 according to the instructions detailed in the Request for Application prior to the deadline. For additional information to prepare your loan documentation, visit the VMLRP website (vmlrp-general-information).

Section 1. Loan Information			
Applicant's Name:			
Name of Loan Servicer:			
Loan Servicer Account Number:			
Address to where payments are sent:			
Section 2. Loan Details and Ro	epavment Info	ormation	
Original Total Amount of Loan(s):			
Total Loan Balance as of Submittal Date:			
Are you currently repaying the loan(s)?	☐ Yes ☐ No	If no, are the loans in deferment or forbearance status?	☐ Yes ☐ No
Are your payments up to date?	☐ Yes ☐ No	Does this loan information include a consolidated loan?	☐ Yes ☐ No

Is this loan consolidated with undergraduate loans?	☐ Yes ☐ No	If this is a consolidated loan, were any loans past due or delinquent prior to consolidation?	Yes No Not Applicable	
	al at the VMLR	mittal supporting loan documentation P website under Applicants (www.n		
details of your undergraduate stud	dent loans with	with other educational loans (e.g. un nin your submittal as described with idation may affect your eligibility an	n the RFA. There is a section or	
Section 3. Certifications by A	pplicant/Bor	rower		
Applicant/Borrower				
incurred solely for the costs of educati true, complete, and accurate to the be fraudulent, or fictitious because of the remedies available to the Government authorize the lending institution and/or or administered by my lending institut other authorized Government officials	ion, including reacest of my knowled omission. I amout, subject me to gor servicing agention, servicing agones. This authorizat	U.S. Secretary of Agriculture for repaymasonable living expenses. I hereby certifedge and does not omit any material factorial aware any false, fraudulent, or fictitious civil penalties under the Program Fraudulant named above to release information agent, or program administrator to the action shall remain in effect from the date and including 120 days after completion	y the information given in this app t that would render the informatio statement may, in addition to oth Civil Remedies Act of 1986. I here about my loan, or any loan owned, ministrators of the NIFA VMLRP, a of submittal of my application and	olication is on false, ner eby , serviced, and to
Certification of Accuracy of information	on Provided			
material fact that would render the str provided may be investigated and any repayment, I am liable for return of all 1001. I am aware any false, fraudulen me to civil penalties under the Program	atement false, fi false representa I awarded funds it, or fictitious st m Fraud Civil Rei	rue, complete, and accurate to the best ctitious, or fraudulent because of the or ation is sufficient cause for rejection of t and, further, any false statement may be atement may, in addition to other rememedies Act of 1986. I authorize any protators of the NIFA VMLRP and other authors	nission. I understand the informat his application, or, if awarded loar e punished as a felony under 18 U dies available to the Government, gram to which I owe a service oblig	tion n J.S.C. § subject
Signature of Applicant (certified electronic o	ur scanned ink)	Date		
Public reporting for collection of information existing data sources, gathering and may not conduct or sponsor, and a pe	mation is estima naintaining the d rson is not requi	ted to average 45 minutes, including the ata needed, and completing and review red to respond to, a collection of inform nestimate or any other aspect of this co	ing the collection of information. <i>A</i> nation, unless it displays a current v	An agency

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Policy Section. Do not return the completed form to this address.

suggestions for reducing this burden to NIFA, OGFM, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention