**DSRIP Statewide Investment Student Loan Repayment Program**

LOAN INFORMATION AND VERIFICATION FORM

**Applicant Instructions**

Complete one copy of this form for each loan you are applying to have considered for repayment. To each form, attach a copy of the original loan application, promissory notes, disclosure statements, and statements from the current holder, indicating the borrower’s name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 90 days before the postmark date of this application.

1. Applicant’s Name - Last First Middle

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2. Applicant’s Social Security Number

3. Applicant’s Complete Address

(   )    -

4. Applicant’s Telephone Applicant’s Email Address

5. Name of Lending Institution

(   )    -

5a. Lender’s Telephone 5b. Lender’s Web Address

6. Address of Lending Institution

7. Loan Account No.

8. Original Date of Loan

9. Original Amount of Loan

10. Current Balance (Principle & Interest)       as of (date)

11. Purpose of Loan as indicated on the Loan Application

12. Type of Loan (eg, GSL, NDSL, HEAL); please specify

13. Loan in Default? [ ]  Yes [ ]  No Date of Default

14. Loan under a Federal Court Judgment? [ ]  Yes [ ]  No Date of Judgment

**FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS**

If you have consolidated your loans for undergraduate and graduate costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan.

**CERTIFICATION BY APPLICANT**

I herby certify to the accuracy of the above information and apply to enter into an agreement with the Massachusetts League of Community Health Centers for repayment of the educational loans I have submitted with my application, incurred solely for the costs of undergraduate or graduate education, including reasonable living expenses, leading to a degree in medicine. I hereby authorize the financial institution named above to release this information about the loan to the Massachusetts League of Community Health Centers.

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Signature of Applicant Date