

REQUEST FORM

CHANGE IN QUALIFYING LOAN/LENDER INFORMATION

Request Date: _____

PRIMARY CARE PROVIDER INFORMATION

Name (Last, First): _____

Home Phone Number: _____ Daytime: _____

Email Address: _____

Reason for Request:

___ Change information in an LRP approved qualifying loan

Please specify:

___ Change in lender

___ Change in payment address

___ Change in loan account number

___ Other, please specify _____

___ Add a NEW qualifying loan to my current LRP approved qualifying loan(s)

Please complete the appropriate section related to your request for change.

SECTION I. LOAN/LENDER INFORMATION CHANGE

(Complete this section if requesting a change to the current approved qualifying loans.)

Lender's Name _____ Loan Account No. _____

Payment Address of Lending Institution _____

Lender's Telephone No. _____

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

Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

SECTION II. ADD A NEW QUALIFYING LOAN

Lender's Name _____ Loan Account No. _____

Payment Address of Lending Institution _____

Lender's Telephone No. _____

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

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Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

Purpose of loan as Indicated on the Loan Application: _____

Type of Loan: _____

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

Is loan under a Federal Court Judgment? Yes _____ No _____ Date of Judgment _____

Percent of Quarterly Loan Repayment: _____

Additional Instructions:

CERTIFICATION AND RELEASE OF LOAN INFORMATION

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the State of Arizona for repayment of all or the appropriate portion of the educational loan(s) listed herein. I further certify that the loans listed in this form were incurred solely for the costs of medical education, including reasonable living expenses. I hereby authorize the lender, be it government or financial institution, named in this form to release information about the loan(s) listed in this form to the administrators of the Arizona State Loan Repayment Program.

I hereby authorize the Arizona Department Health Services to request and obtain supplemental information from me regarding this request. _____ Initials

I have attached a copy of the most recent billing statement for the current approved qualifying loan for which I am requesting a change of information for or for the new loans I am hereby requesting to qualify for repayment under my LRP contract. _____ Initials

Legal Signature of Applicant: _____ Date: _____