

Name (Last, First): _____ Date _____

ARIZONA STATE LOAN REPAYMENT PROGRAMS

LOAN INFORMATION

Please complete this form for each loan you wish to have repaid under the Arizona State Loan Repayment Program. This form must be sent to each of your lenders for verification. There is a limit of three lenders that will be repaid per contract. For multiple loans, please submit one loan document per loan. Please indicate the order for repayment using the Priority of Repayment Form (<http://www.azdhs.gov/hsd/workforce/alrp/documents/priority-loan-repayment-form.pdf>). If no preference is indicated, the quarterly payments will be split evenly among the lenders. Please send a copy of your most recent billing notice(s) for supporting documentation.

1. Applicant's Name (Last, First, Middle) _____ 2. Applicant's Social Security No. _____

3. Applicant's Complete Address _____ 4. Applicant's Telephone No. _____

4. (Name of Lending Institution) _____ 5. Loan Account No. _____

6. Full Address of Lending Institution _____ 7. Lender's Telephone No. _____

8. 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 _____

9. Original Date of Loan: _____ 10. Original Amount of Loan: \$ _____

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

12. Purpose of loan as Indicated on the Loan Application: _____

13. Type of Loan: _____

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

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

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS – If undergraduate and graduate education costs have been **consolidated**, submit an itemized copy of the loan documents for health professions education costs that were consolidated into the new loan.

Certification by Applicant Borrower 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 this/these loan(s) 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 Section VII to release information about the loan(s) listed in Section VII to the administrators of the Arizona Loan Repayment Program.

Legal Signature of Applicant: _____ Social Security Number: _____ Date: _____

Lending Institution's Certification

The undersigned states that, to the best of his or her knowledge, the loan/s identified in this document is a bona fide and legally enforceable commercial, state, or government educational loan made for the purpose of meeting the borrower's costs of attending undergraduate school or graduate school in a health profession.

Signature: _____ Date: _____

Government/State or Bank Authorized Official

Title: _____