APPLICATION INSTRUCTIONS FOR RENEWAL PARTICIPANTS

All application documents below must be completed and submitted to the Financial Aid Office by November 1 or May 1 (for mid-year applications). Many LRAP 3 participants will have an exception to this deadline depending on their IDR renewal date. If the 1st of May or November falls on a Saturday, Sunday, or holiday, then all materials will be considered timely if they are received by the next business day.

PLEASE NOTE: All LRAP 2 and LRAP 3 Hybrid (have both commercial loans (other than a Bar Loan) and federal loans being covered) participants must complete a full application by the deadline date or they will be considered late. Additionally, all late applications WILL result in a reduction to your award and NO applications will be accepted or reviewed after November 30, 2016. LRAP 3 participants will be required to provide documentation based on when their reported annual review is due.

REPAYMENT OPTION – LRAP 3 PARTICIPANTS MUST APPLY FOR PAYE IF YOU ARE ELIGIBLE
Pay As You Earn (PAYE) is another repayment plan that serves as an enhanced alternative to IBR for certain eligible borrowers. This plan is required, if you are eligible, in determining your monthly loan payments and LRAP award. Under PAYE, the amount of discretionary income used to determine whether a borrower has a partial financial hardship decreases from 15% under IBR to 10%. In addition, the maximum length of time a borrower is required to make monthly payments decreases from 25 years under IBR to 20 years. Otherwise, the two repayment plans function similarly.

A borrower is eligible for PAYE if, in addition to meeting all the requirements for IBR, they 1) did not borrow any federal student loans prior to October 1, 2007 or had entirely paid off all such loans as of that date; and 2) had at least one federal Stafford or Graduate PLUS loan disburse on or after October 1, 2011 or applied for and completed a Federal Direct Consolidation loan on or after such date.

If you are not eligible for PAYE you should apply for IBR or REPAYE. You can review these repayment options in more detail on the Student Loan website.

Current Application Deadline: November 1, 2016
In order to ensure that you receive your LRAP disbursement for the January through June 2017 disbursement period, the office MUST receive the following documents by close of business (EST) November 1, 2016 (many LRAP 3 participants will have an exception depending on their IDR renewal date):

1. **Online LRAP Application** – The online application is a new process, but we are still collecting the same information and it should match your supporting documentation. Please enter your information, upload your required documents in PDF format, and submit the application.

2a. **LRAP Application Supporting Documents**
   1. **LRAP Certification**: This certification form confirms your understanding of the program (this form is available below).
   
   2. **Repayment Estimator Calculation Sheet and Reported Documents (requirement for LRAP 3 and LRAP 3H participants ONLY)**: Please click on this link, fill in the figures you reported, and upload a print out of the repayment estimator along with either your Federal tax return or paystub that you provided to the servicer. The figures you enter should be the income/AGI and household size you reported to your servicer. This calculation must match your repayment schedule. **IF IT DOESN’T MATCH, then you need to contact your servicer to see what information they used to calculate your payment.** Full instructions can be found on our website under ‘News You Can Use’, if you need additional help with this calculation sheet. **Please note – if the calculation is not working on the estimator you should try a different browser.**

   3. **Loan Documentation**: Current documentation for each loan you list on your application form for both yourself and your spouse (if applicable) is required to verify your monthly loan payments. All loan
documentation must include the monthly payment amount, current amount due, a history of your payments for the past term - beginning April 2016 or the last 12 months if you are on an annual award, and must indicate that your account is in good standing.

Documentation is usually submitted in either the form of copies of your most recent monthly billing statement, or printouts of online accounts. Other acceptable loan repayment documentation includes a written statement from your loan servicer verifying your monthly payment(s) and current status on each loan, and/or copies of canceled checks for each monthly payment made since the last application submitted.

4. **Employer Certification Form for Applicant**: This form verifies your employment status (that you will be receiving a W-2 Form from this employer), and must be completed by your supervisor (this form is available below). Please note a separate employer certification is required for each employer.

5. **Job Description**: If you have changed employment, and have not previously provided documentation of the change, you must also include a job description of your new position and the date the change was effective so that we may re-evaluate your participation in the program.

6. **LRAP 3H & 3 Participants in IDR (PAYE/IBR/PAYE)**: Most recent Federal Tax Return (pages 1 – 2 only) or Paystub(s): This is required for all applicants in IDR. Please provide the document that you reported to your servicer to calculate your annual IDR.

**LRAP 2 & 3 (not in IDR) Participants**: 2015 Federal Tax Return (pages 1 – 2 only): This is required ONLY if you didn’t submit it last term due to filing an extension.

2b. **LRAP Application Supporting Documents (required for all LRAP 2 & LRAP 3H applicants, but only required for LRAP 3* applicants who filed a joint tax return)**

1. **Employer Certification Form for Applicant’s Spouse**: This form verifies your spouse’s employment status and must be completed by spouse’s employer (this form is available below). Please note a separate employer certification is required for each employer. *If your spouse is not employed please include a statement indicating this with your application documents.

*If you are married and filed jointly on your most recent federal tax return, we will recalculate your IDR using your total family size and your income ONLY.

2. **Spouse’s Loan Documentation**: Please upload if you meet the definition under 2b.

If you cannot retrieve any of the materials listed above from the web site, please contact LRAP/Financial Aid Office immediately at (202) 662-9080 so that we may send the missing document(s) to you as soon as possible.

**PLEASE NOTE**
If in any way, the information you provide does not accurately reflect your employment, repayment, or family status, you will risk dismissal from the LRAP program, you may be required to repay a portion of the disbursements you have already received, and you may be subject to civil and/or criminal prosecution.

If you would like further information regarding the Federal Public Service Loan Forgiveness Program, please go to our website and click on the Guide to Income-Based Repayment Plans and Public Service Loan Forgiveness under Publications, or visit the Federal Student Aid website.

**Contact Information:**
Georgetown University Law Center - Loan Repayment Assistance Program (LRAP)
Financial Aid Office - 335 McDonough Hall
600 New Jersey Avenue, NW
Washington, DC 20001
Telephone: 202-662-9080  Toll-Free FAX: 866-316-2950  E-mail: lawlrp@law.georgetown.edu
GEORGETOWN UNIVERSITY LAW CENTER
LOAN REPAYMENT ASSISTANCE PROGRAM
LRAP CERTIFICATION - Renewal

1. I (we) hereby certify that all of the information contained in the LRAP application is true and complete to the best of my (our) knowledge.

2. I (we) certify that federal loans are in PAYE [ ], IBR [ ] , REPAYE [ ] (please check a box), my servicer used my (our) tax return [ ] or paystub(s) [ ] (please check a box), and the annual date that my monthly payment will change each year is: _______________. Please leave blank if federal loans are not in IDR.
   (Date)

3. I (we) agree to provide proof of the information presented on this application, if requested.

4. I (we) agree to notify the LRAP committee in writing within thirty days if I (we) receive a deferment or forbearance on student loans from my (our) lender and/or if my (our) loan payments are reduced due to repayment schedule changes after LRAP benefits are calculated. *LRAP funds cannot be used to pay down any student loans in a deferment or forbearance status.

5. I (we) agree to notify the LRAP committee in writing within thirty days of any change in income, loan payments, employment, if I receive any other loan repayment assistance, or if I (we) file for bankruptcy.

6. I (we) certify that the LRAP application is complete once I (we) submit the online application, this certification form, loan repayment schedules/histories, Employer Certification Form(s), federal tax returns/paystubs and W-2s (for mid-year applications), and job description on letterhead (if applicable); and I understand that an incomplete application will NOT be acted upon by the LRAP coordinator and could result in the forfeiture of award eligibility.

7. I (we) understand that in order to continue participating in LRAP, I (we) must complete a mid-year certification to the LRAP committee by May 1st, and provide a copy of my (our) federal tax return(s)/W-2(s), and again annually by November 1st unless I have an annual award and then I will reapply during my annual IDR review. I understand that it is my responsibility to contact the Financial Aid Office if I do not receive the mid-year certification materials by the mid-April, or the annual certification materials by mid-October. In addition, I understand that I must notify the LRAP Staff in writing if I do not intend to reapply for any upcoming terms.

8. I (we) certify that all LRAP loan funds received will be used for the express purpose of repaying student loans that are in a repayment status and were borrowed for attendance at Georgetown Law.

9. I, the applicant, certify that I am not receiving any assistance in the repayment of my student loans from any source not reported on this application.

10. I certify that I am not delinquent or in default on any student loan and understand that my eligibility for LRAP depends upon the continuous satisfactory repayment status of my student loans. I certify that I will provide proof of my satisfactory loan repayment status from my educational lenders, bi-annually with my applications.

11. I certify that I understand that if I owe an outstanding balance on my LRAP loan at Georgetown University (which must be paid within thirty days of notice) that I am not eligible for LRAP consideration until such debt is paid in full.

____________________________________  __________________________
Applicant's Signature                  Date

____________________________________  __________________________
Spouse’s Signature                     Date
GEORGETOWN UNIVERSITY LAW CENTER
LOAN REPAYMENT ASSISTANCE PROGRAM
EMPLOYER CERTIFICATION FORM

Part A: To be completed by the applicant.

If the LRAP applicant has more than one employer, or is self-employed, this form should be duplicated and completed by each employer.

Name: ______________________________________________________ GUID:___________________________

I authorize my employer at __________________________________________________________________ to provide the information requested in Part B of this form to Georgetown University Law Center.

Same position as last term: ( ) Yes ( ) No

Signature: ___________________________________________________  Date: _____________________________

Part B: To be completed by the employer.

The person named above has applied to the Georgetown University Law Center Loan Repayment Assistance Program (LRAP). The program application requires certification by the employer of the applicant's employment status and salary. Please complete this form and return it to the applicant. The due date for receipt of this form to the Georgetown University Law Center is November 1st, annually (or May 1st, annually for mid-year participation). Please complete this information in a timely manner to ensure that your employee receives full consideration for these benefits. Thank you.

Beginning date (or projected beginning date) of employment: _____________________________

Current or projected annual salary beginning January 1, 2017: $______________________________ Gross

If known, projected annual salary beginning July 1, 2017: $______________________________ Gross

During what month of the year are salary/cost-of-living increases usually given? _____________________________

What is the employee's job title? ______________________________________________________________

Benefits received in addition to salary (housing, food, bonuses, etc. (do not include retirement or medical)): $____________

Does the employer provide loan repayment assistance to the applicant? ( ) No ( ) Yes - Amount per year? $_______

If yes, what date(s) will the funds be disbursed to the applicant? ___________________________________________

Does your organization have IRS 501(c)3 status? ( ) Yes - number: _____________________________

( ) No, this is a government agency (federal, state, local, tribal)

( ) Other - please specify _____________________________

Will the employer provide a W-2 Form to the employee for tax purposes? ( ) Yes ( ) No

I hereby certify that all of the information presented on this form is true and complete to the best of my knowledge.

Authorized Signature _____________________________ Printed Name and Title _____________________________ Date ________________

Name of Employer _____________________________ Phone Number of Employer _____________________________

Address of Employer (street, city, state, zip) ____________________________________________________________
GEORGETOWN UNIVERSITY LAW CENTER
LOAN REPAYMENT ASSISTANCE PROGRAM

EMPLOYER CERTIFICATION FOR APPLICANT'S SPOUSE

Part A: To be completed by the applicant's spouse.

If the LRAP applicant's spouse has more than one employer, or is self-employed this form should be duplicated and completed by each employer.

LRAP Applicant Name: __________________________________________________

LRAP Applicant Spouse’s Name: ________________________________________

I authorize my employer at ___________________________________________ to provide the information requested in Part B of this form to Georgetown University Law Center.

Signature: _____________________________________________________________ Date: ________________

Part B: To be completed by the employer.

The spouse of the employee named above has applied to the Georgetown University Law Center Loan Repayment Assistance Program (LRAP). The application requires certification from the employer of the applicant’s spouse for employment status and salary. Please complete this form and return it to the employee named above. The due date for receipt of this form to the Georgetown University Law Center is November 1st, annually (or May 1st, annually for mid-year participation). Please complete on a timely basis to ensure that your employee’s spouse receives full consideration for this program. Thank you.

Beginning date (or projected beginning date) of employment: ____________________________

Current or projected annual salary beginning January 1, 2017: $________________________ Gross

If known, projected annual salary beginning July 1, 2017: $________________________ Gross

During what month of the year are salary/cost-of-living increases usually given? ______________________________

What is the employee's job title? ____________________________________________________________________

Benefits received in addition to salary (housing, food, bonuses, etc. (do not include retirement or medical)): $___________

Does the employer provide loan repayment assistance to the employee? ( ) No ( ) Yes - Amount per year? $_______

I hereby certify that all of the information presented on this form is true and complete to the best of my knowledge.

_____________________________________________________________________________________________
Authorized Signature Printed Name and Title Date

_____________________________________________________________________________________________
Name of Employer Phone Number of Employer

_____________________________________________________________________________________________
Address of Employer (street, city, state, zip)