



GEORGETOWN UNIVERSITY LAW CENTER

LOAN REPAYMENT ASSISTANCE PROGRAM

600 New Jersey Avenue, N.W. • Washington, DC 20001 • Tel: 202-662-9080 • Fax: 208-975-5243

TO: LRAP Participants
FROM: Denae Newman, Associate Director
RE: Procedures for Renewing Your LRAP Eligibility

If you are interested in renewing your LRAP eligibility for 2007, all of the documents below must be **completed and returned to the Financial Aid Office by May 1st for mid-year applications, and November 1st annually**. 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. Due to funding limitations and increased participation in LRAP, financial determinations and awards will not be processed for incomplete applications. Additionally, late applicants will experience a delay in receiving the second disbursement and their coverage may be reduced.

Application Deadline

In order to ensure that you receive your LRAP disbursement for the upcoming six month disbursement period, the office **MUST** receive the following documents by **November 1, 2006**:

- A completed Employer Certification Form
- Renewal Application for Program Participation Form
- The Loan Documentation Form, accompanied by loan statements from your lender(s), which indicate that all loans are in a current repayment status.*
- A signed copy of your 2005 federal tax return (including all schedules) – ***ONLY IF YOU DID NOT SUBMIT ONE WITH YOUR MAY 1ST APPLICATION**

If you are married, you are also required to submit:

- Your spouses' completed Employer Certification Form
- A signed copy of your spouses' 2005 federal tax return (including all schedules), if you and your spouse filed separately - ***ONLY IF YOU DID NOT SUBMIT ONE WITH YOUR MAY 1ST APPLICATION**

Making Updates and Corrections

When completing the Employer Certification Form, please make any necessary corrections to the pre-printed items on the application by drawing a line through the incorrect information, and writing the new data just below and initialing the change. 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.

Continue Earning Forgiveness

If you are still working for an eligible employer, but are no longer receiving LRAP funds, you and your employer **must still complete and return the application**, in order to remain in the program and continue to earn forgiveness towards the LRAP benefits you previously received. If the application is not returned by the deadline date, we will assume that you are no longer in qualifying employment and the Loan Repayment division of the GU Financial Aid Office (main campus) will contact you about your grace period and repayment obligations.

Presently, your LRAP award calculation may include commercial loan coverage. However, please note that assistance for commercial loans in subsequent years will be contingent upon the Law Center's annual LRAP budget.

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.

Please contact the Financial Aid Office at (202) 662-9080 if you have any questions concerning the procedures outlined above.

* Acceptable loan repayment status documentation includes a copy of your most recent billing statement for each loan type showing no past due amount, a written statement from your loan servicer verifying your current status on each loan type, a printout of your account from the internet, and/or copies of canceled checks for each 2006 monthly payment for each loan type.

GEORGETOWN UNIVERSITY LAW CENTER
LOAN REPAYMENT ASSISTANCE PROGRAM

Renewal Application for Program Participation

BIOGRAPHICAL INFORMATION

Applicant Name: _____ SSN: _____

Home Address: (street, city, state, zip): _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-mail: _____

Date of Birth: _____

PROJECTED INCOME SUMMARY

(If necessary, please use a separate sheet of paper to explain):

Total wages, salary, and fees from **ALL** employment this 2006 calendar year: \$ _____

All other taxable and untaxed income (i.e. interest/dividend income, employer bonuses, capital gains, alimony, child support, etc.):

Income Source: _____ Income Amount: \$ _____

Income Source: _____ Income Amount: \$ _____

Income Source: _____ Income Amount: \$ _____

Income Source: _____ Income Amount: \$ _____

Does any of your (or your spouse's) income come from self-employment? Yes () No ()

If yes, how much? \$ _____

ASSET INFORMATION SUMMARY

Do you own a home? Yes () No ()

What is the current market value? \$ _____

What is the amount you owe? \$ _____

Do you own other real estate? Yes () No ()

What is the current market value? \$ _____

What is the amount you owe? \$ _____

Value of checking account(s): \$ _____

Value of savings account(s): \$ _____

Value of stock/CDs/other investments: \$ _____

Applicant Name: _____ SSN: _____

LOAN DEBT INFORMATION SHEET

List below each loan for which you are making monthly payments. Attach a copy of your most recent loan statements, which indicate that your payments are current. **Loan payments that you do not indicate below will not be used to calculate your LRAP eligibility.** Also, itemize any single payments that are billed for more than one type of loan by your servicer (excluding subsidized and unsubsidized Stafford loans).

LRAP Participant:

LOAN TYPE	SERVICER/LENDER	DEBT INCURRED AT GULC? YES/NO	MONTHLY PAYMENT	INTEREST RATE	CURRENT LOAN BALANCE	INCLUDED IN CONSOLIDATION? YES/NO
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	

** Did you include any non-GULC debt in your consolidation loan? Yes___ No___

LRAP Participant's Spouse with student loans (if applicable):

LENDER/SERVICER	LOAN TYPE	INTEREST RATE	CURRENT BALANCE	MONTHLY PAYMENT
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

**An annual maximum of \$4000 in total loan payments will be used to reduce the applicant's income for purposes of calculating their benefit.

**** Please attach all loan statements to this form ****

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: _____ SSN: _____

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 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: _____

Projected **annual** salary beginning January 1, 2007: \$ _____ Gross

If known, projected **annual** salary beginning July 1, 2007: \$ _____ 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 (i.e. housing, food, bonuses, etc.): _____

Does the employer provide loan repayment assistance to the applicant? () No () Yes -- amount per year? _____

Does your organization have IRS 501(c)(3) status? () No () Yes -- number: _____

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

Address (street, city, state, zip) Phone Number of Employer

