

**KENTUCKY OFFICE OF RURAL HEALTH  
UNIVERSITY OF KENTUCKY**

**KENTUCKY STATE LOAN REPAYMENT PROGRAM  
LOAN INFORMATION AND VERIFICATION FORM**

The following information must be provided for each loan you are applying to have repaid under the Kentucky State Loan Repayment Program. Print clearly and completely to help expedite verification. *Please note that incomplete information may delay verification of your loan.*

**INSTRUCTIONS**

**APPLICANT:** Complete one copy of this form for each loan to be considered for repayment under the Kentucky State Loan Repayment Program (KSLRP). To each form, attach a copy of the loan agreement and a copy of your loan application, if possible. Please print clearly and complete all of Part A to expedite verification. Do not send this form to your lending institution. Send it to the State Office of Rural Health with your KSLRP application.

**LENDING INSTITUTION:** Please complete Part B on the next page of this form (or reverse side if two-sided copy) and return to the address indicated, using the return envelope, if provided.

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**PART A – To be completed by applicant**

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1. APPLICANT'S NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ 2. SOCIAL SECURITY NO. \_\_\_\_\_

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3. APPLICANT'S COMPLETE ADDRESS \_\_\_\_\_ 4. APPLICANT'S TELEPHONE NO. \_\_\_\_\_

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5. NAME OF LENDING INSTITUTION \_\_\_\_\_ 5a. PHONE NO. \_\_\_\_\_ 5b. FAX NO. \_\_\_\_\_ 6. LOAN ACCT. NO. \_\_\_\_\_

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7. FULL ADDRESS OF LENDING INSTITUTION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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8. WAS THIS LOAN SOLD? (If you are unsure, check with your lending institution.) If yes, give the secondary loan holder's name and full address.

\_\_\_\_\_ NO \_\_\_\_\_ YES NAME \_\_\_\_\_

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ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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9. ORIGINAL DATE OF THE LOAN \_\_\_\_\_ 10. ORIGINAL AMOUNT OF THE LOAN \_\_\_\_\_ 11a. CURRENT BALANCE (Principal & Interest) \_\_\_\_\_

\$ \_\_\_\_\_ as of (date) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

11b. INTEREST RATE \_\_\_\_\_

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12. PURPOSE OF LOAN AS INDICATED ON THE LOAN APPLICATION 13. TYPE OF LOAN, e.g., GLS, NDSL, HEAL, etc. (Please spell out) \_\_\_\_\_

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FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS – If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan. The KSLRP only pays for education costs for one health professions degree, and a determination will be made of the proportion of the consolidation loan that will be paid for successful applicants.

**WARNING** – Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a government official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

**CERTIFICATION BY APPLICANT** – I hereby certify to the accuracy of the above information and apply to enter into an agreement with the KY State Office of Rural Health for repayment of the educational loans I have submitted with my application hereof, incurred solely for the costs of education, including reasonable living expenses, at a school of medicine, osteopathy, or other health profession. I hereby authorize the Government or financial institution named in Part A above to release this information about the loan listed in Part A to the administrators of the Kentucky State Loan Repayment Program (KSLRP).

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**SIGNATURE OF APPLICANT**

**DATE**

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**LENDING INSTITUTION – Please return this form to:** Larry Allen or Tena R. Smith  
Kentucky State Office of Rural Health  
University of Kentucky Center for Rural Health  
100 Airport Gardens Road  
Hazard, Kentucky 41701

Direct any questions to: (606) 439-3557, ext. 315

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**PART B – To be completed by lending institution**

The individual identified in Part A (reverse side of this form if two-sided copy) has applied to participate in the Kentucky State Loan Repayment Program and states that, to the best of his/her knowledge, the loan information provided is a bona fide legally enforceable commercial, state or government educational loan made for the purpose of meeting the borrower's costs of attending a school of medicine, osteopathy or program to train physician assistants, nurse practitioners, nurse-midwives, dentists, clinical psychologists, clinical social workers, psychiatric nurse specialists, or marriage and family therapists. Please verify the information according to your records and indicate any corrections in the "comments" space provided below. Provide a payoff amount for this loan effective July 1 of the current year unless otherwise indicated. Also, please sign, indicate your title and date this form in the space provided.

**COMMENTS:**

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**PAYOFF AMOUNT \$** \_\_\_\_\_

*I hereby certify to the accuracy of the loan information contained on the reverse side of this form or as corrected by my notations or comments.*

<hr/> <i>Signature Government/State or Lending Institution Authorized Representative</i>	<hr/> <i>Date</i>
<hr/> <i>Printed Name of above Signature</i>	
<hr/> <i>Title</i>	