

APPLICATION PART C
DELAWARE STATE LOAN REPAYMENT PROGRAM
LOAN VERIFICATION FORM

INSTRUCTIONS

The following information **must** be provided to your loan (lender) institution for formal verification and to Delaware State Loan Repayment Program for eligibility determination on or before the application deadline.

1. Complete Sections I & II for **EACH** loan.
 - a. Ensure Section I is completed and signed before forwarding the packet to the Lending Institution for verification and authorization.
 - b. Ensure Lending Institutions are aware of the signature line and contact information requirement at the bottom of Section II. Applicants should *allow one to three weeks for Lending Institutions to complete and submit Section II to Delaware Health Care Commission*

2. Complete Section III sign in **BLUE** ink and notarize. *(Release of Information Form)*

3. Send Sections I-III **DIRECTLY** to your lender:
 - a. Section I – *Must be completed and have Applicant’s Signature*
 - b. Section II – *Request verification of information and Lender’s Authorized Representative’s Signature*
 - c. Photocopy of Section III **(for EACH Lender)** – *Notarized*

4. Send to Delaware State Loan Repayment Program:
 - a. Final copies of Section I **(for EACH Lender)**
 - b. Verified copies of Section II sent directly from Lender to Delaware
 - c. Original Section III signed in **BLUE** ink and notarized

5. Follow up with Delaware Health Care Commission at DHCC@Delaware.Gov prior to the application due date to ensure a complete application packet was submitted on time.

The Delaware State Loan Repayment Program is NOT responsible for submitting paperwork to Lenders. Applicant MUST work with lending institutions to ensure this Loan Verification Form is submitted to Delaware Health Care Commission on or before the application due date and the Lender is a registered vendor in the State’s financial system. Outstanding Loan Verification Forms received after the application due date are ineligible for consideration in this program.

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Section I: SLRP Applicant

Name and address of Lending Institution and/or Federal, State, or Other Government Program:

Applicant: _____

Institution: _____

Address: _____

Date of Loan: _____ **Account Number:** _____

Original Amount of Loan: _____ **Number of Payments Made:** _____

Current Balance: _____ **Date of Balance:** _____

Payment Amount: _____ **Interest Rate:** _____

Purpose of Loan (as indicated on loan application): _____

Any loan eligible for Federal loan consolidation is eligible for repayment if obtained for the purpose of meeting the borrower's direct costs of attending undergraduate or graduate school, a school of medicine, or a school of osteopathy. Direct education costs include tuition, fees, books and supplies, living expenses, and other items normally associated with the cost of attendance for an academic year as defined by the [US Department of Education's Student Aid Handbook](#). Loans not eligible for Federal loan consolidation will be considered if documentation is presented that establishes the proceeds from the loans were used to meet direct education costs. Credit card debt and funds received from Delaware Institute for Dental Education and Research (DIDER) and Delaware Institute for Medical Education and Research (DIMER) are ineligible for repayment. The Delaware State Loan Repayment Program will only pay toward the educational costs associated with the health professional degree, and a determination will be made of the proportion of a consolidation loan that will be paid for successful applicants.

Applicant Certification:

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Delaware State Loan Repayment Program for repayment of educational loans, incurred solely for the costs of education in an undergraduate or graduate school, a school of medicine or a school of osteopathy (for tuition, educational expenses or living expenses from a college, university, government or commercial source). I hereby authorize the financial institution or Government named above to release this information about the loan listed above to the administrator of the Delaware Loan Repayment Program.

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

Signature of Loan Repayment Applicant (use **BLUE** ink)

Date

Printed Name of Loan Repayment Applicant

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Section II: Loan Verification (Institution)

Dear Lender:

The individual identified on this form has applied to participate in the Delaware State Loan Repayment Program (SLRP). SLRP is designed to improve recruitment and retention of health care providers in underserved areas of Delaware. The individual identified above states that, to the best of his or her knowledge, the loan information provided in Section I is a bona fide legally enforceable commercial, Federal, State, or government educated loan obtained for the purpose of meeting the borrower’s cost of attending undergraduate or graduate school, of dentistry, medicine, or a school of osteopathy (for tuition, educational expenses, or living expenses from a college, university, government or commercial source).

I am requesting that your institution actively review the complete loan compliance, **sign Section II in this application and submit** the information requested as soon as possible to the following organization:

Department of Health and Social Services	Phone: 302-255-4750
c/o Delaware Health Care Commission	Fax: 302-255-4751
Herman M. Holloway Sr. Campus	Email: DHCC@Delaware.Gov
1901 North DuPont Highway – H117	
Main Administrative Building – 1st Floor	
New Castle, Delaware 19720	

Retain a copy of this form for your records.

Delaware requests financial verification of information submitted in Section I of this Loan Verification Form. According to your records, include any corrections in the “comment” space provided below, and attach clearly identifiable system generated printouts as proof of the applicant’s loan information.

Note: *In the event of a State and/or Federal audit, the certifying agent and/or organization below is held answerable for all inquiries.*

Comments: _____

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Lender is subject to Federal/State Exams & Certifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant Loans are in Good Standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant Loans are Delinquent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supporting Attachments Included:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Number of Pages Attached:	_____	

This Lending Institution has a registered [W-9 Form](http://mymarketplace.delaware.gov/resources/vendor.shtml) with the State of Delaware (<http://mymarketplace.delaware.gov/resources/vendor.shtml>), and as such, has an active ten-digit vendor identification number: # _____ Contact (302) 526 – 5600 for assistance.

Lender Certification:

I am an authorized financial representative of the mentioned Lending Institution in Section I of this Loan Verification Form. I hereby certify accuracy of the loan information contained within this document, as corrected by my notations and/or comments, and within any supplemental documents provided as a result of this verification. In the event of an inquiry, the information below, and contained in this request, will be provided to the inquiring party.

Applicant (Loan Recipient): _____

Loan Institution: _____

Date of Loan: _____ **Account Number:** _____

Original Amount of Loan: _____ **Number of Payments Made:** _____

Current Balance: _____ **Date of Balance:** _____

Payment Amount: _____ **Interest Rate:** _____

Purpose of Loan (as indicated on loan application): _____

Total Amount of Loan Per Account Number: _____

Signature: _____

Lending Institution Representative

Title: _____

Financial Manager

Name: _____

Print Clearly

Date: _____

Address: _____

Phone: _____

Email: _____

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Section III: Notary *(send original to DHCC - 410 Federal St. - Margaret O'Neill Building - Dover, DE 19901)*

Delaware Health Care Commission

Request to Release Personally Identifiable and Confidential Information

I _____ hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) and authorize the State of Delaware, Department Health and Social Services, Office of the Secretary, **Delaware Health Care Commission** (Delaware), acting in an administrative capacity for the Delaware State Loan Repayment Program (SLRP), to receive requested confidential or non-confidential information concerning my educational loan account(s) and other "non-directory" information pertinent to my application for SLRP. Consent is deemed continuous unless revoked by me in writing. **Educational and Loan institutions below are directed to release all needed information to Delaware as requested by the applicant or organization identified in this letter.**

• **Educational Institutions (Schools):**

1. _____
2. _____

• **Lenders/Guaranty Agencies/Loan Servicers:**

1. _____
2. _____
3. _____
4. _____

Applicant's PRINTED Name

Social Security Number (Required)

Applicant's Signature (use **BLUE** ink)

Date

Notary Seal

Notary Signature / Date