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This application should be completed if you are an LRAP participant who is currently receiving benefits and will not return for the next payment period. The documentation you provide will determine your eligibility for LRAP loan forgiveness.

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**A complete Loan Forgiveness Application includes the following:**

1. Application
  2. Employment Verification Form
  3. If employment has changed during payment period please also submit the following documentation:
    - a. 3 most recent check stubs
    - b. Position Description on the Local, State, or Federal government or non-profit agency letterhead, (see sample on website).
    - c. Verification of employer 501 (c), (3), (4), or (5) IRS tax-exempt status for non-profit organization,
  4. Verification of loan payments to the eligible LRAP Loan Servicer Providers for the payment period.
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**Please submit all documents by email to: [financialaid@law.ucdavis.edu](mailto:financialaid@law.ucdavis.edu)**

For security, please remove or black-out all social security and/or tax ID numbers.

**SECTION 1: FORGIVENESS TERM**

July - December (*due 1/15*)     January - June (*due 7/15*)

**SECTION 2: APPLICANT INFORMATION**

Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone		
Primary E-mail	Alternate E-mail		

**SECTION 3: SUPPLEMENTAL QUESTIONS**

Did you make all of the required payments on your LRAP eligible loans? \_\_\_\_\_  YES     NO

Did you work full-time during the payment period? \_\_\_\_\_  YES     NO

Were 100% of the LRAP provided funds applied to your LRAP eligible loans? \_\_\_\_\_  YES     NO

Did you change employers during payment period? \_\_\_\_\_  YES     NO  
*(if YES, have employer complete section 4 and attach a new job description)*

Has your income changed for the payment period? \_\_\_\_\_  YES     NO

**SECTION 4A: APPLICANT EMPLOYER**

Company	Phone
Address	Supervisor
Job Title	\$ _____ Annual Salary
to	<input type="checkbox"/> FT <input type="checkbox"/> PT FTE Status
<b>Dates Employed</b>	<b>Duties</b>

**SECTION 4B: SUPERVISOR/EMPLOYER SIGNATURE**

Signature	Date
Position Title	Phone

**SECTION 5: APPLICANT SIGNATURE**

Applicant Agreement and Certification

“I certify that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Graduation Date