

Provider Application: Part B – Loan Information
Michigan State Loan Repayment Program
Michigan Department of Community Health

INSTRUCTIONS

In this form, the “lender” refers to the original lender, whereas the “holder” is an entity that has subsequently assumed the promissory note- such as in the case of a consolidator of loans. For loans to qualify for repayment, they must have been made to the borrower named in Section I for the purpose of obtaining medical or graduate level education in a health care field or undergraduate coursework leading to their graduate work. All other non-school loans or ineligible school loans must be excluded from reporting on this form.

To the Applicant (Borrower)

Please note that Part B of the Provider Application takes considerable time to complete.

1. Read these instructions carefully
2. Complete a form for each organization that holds one or more of your loans by **typing Section I** and printing the form.
3. Mail or fax a copy to each organization that holds your loans. You must include a copy of these instructions, and ask them to complete Section II and then mail or fax it back to **you**. *Organizations may list up to 6 loans in the table provided. If a single holder holds more than 6 loans, you must send additional copies so that all loans can be listed in the table provided. For example, if one holder had 11 loans, you would need to send 2 copies.*
4. You must receive the completed Parts B back in time to include them with your Complete, Single-submission MSLRP Application Package, which you must **mail** to the MSLRP Office with the required postmark date for that application period.

By your signature in Section I, you authorize the lender and/or holder of the promissory note(s) of your student loan(s) to release information about your student loan(s) to the Michigan Department of Community Health for purposes of qualifying the loan(s) for repayment by the state of Michigan under provisions of the Michigan State Loan Repayment Program.

To the Holder of Notes

The borrower identified in section I may qualify for loan repayment by the State of Michigan under provisions of the Michigan State Loan Repayment Program. Please **complete Section II** with the most recent and accurate information regarding the borrower’s educational loans (described above). You may list up to ten in the table included in Section II. If you have more than ten loans, please fill out additional copies of the Part B application.

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SECTION I:

To Be Completed By Borrower – Please refer to Part B instructions when filling out this form.

Last Name		First Name		Middle Name	
Address			City	State	Zip
Home Phone	Cell Phone		Fax	Email	
Social Security #			Academic Period Covered by Loans: _____ to _____		
Lender Name			Holder Name		
Lender Address			Holder Address		
City	State	Zip	City	State	Zip

By my signature, I authorize the holder of the promissory note(s) of my student loan(s) to release information about my student loan(s) to the Michigan Department of Community Health for purposes of qualifying the loan(s) for repayment by the state of Michigan.

Borrower Signature Date

SECTION II:

To Be Completed By Holder of Notes – Please refer to Part B instructions when filling out this form. If the borrower has not included instructions, please request them before completing this form.

Holder Name			Contact Name		
Holder Address			Contact Phone		
City	State	Zip	Contact Email		

Account #	Note date	Name of Loan Program	Lender	Balance	Days Past Due	Remaining Payments(#)	Monthly Payment

Do any of the loans entail a service obligation? Yes No If yes, which ones: _____

I certify that the information provided in Section II is true and correct.

Typed or Printed Name of Authorized Official Signature of Authorized Official Date

*Holder of Notes: Please mail or fax this completed form directly to the **borrower**.