|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: To Be Completed by BORROWER, Then Sent to LOAN SERVICER to Complete Page 2.** | | | | | | | | | |
| **1. Last Name:** | | **2. First Name:** | | | | | **3. Middle Name:** | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | |
| **4. Home Address:** | | **5. City:** | | | | | **6. State:** | **7. Zip Code:** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | Click or tap here to enter text. | |
| **8. Phone Number:** | | **9. Email Address:** | | | | | **10. Fax Number:** | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | |
| **11. Behavioral Health Loan Repayment Program (BHLRP) Participant Type:** | | | | | | | | | |
| **11. a.) I am applying for my first state loan repayment agreement. (IF CHECKED, SKIP TO SECTION 17)**  *(“Total Borrower Repayments” in Section II does* ***NOT*** *need to be completed by the loan servicer)* | | | | | | | | | |
| **11. b.) I have been awarded and completed a state loan repayment(s) agreement before, and have received payments.**  *(\*If you are currently enrolled in a state loan repayment agreement that ends after 10/01/2025, you are INELIGIBLE for this application cycle)* | | | | | | | | | |
| **12. Enter the start date of your FIRST completed agreement here:** | | | | **13. Enter the start date of your most RECENT completed agreement here:** | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | |
| **14. Lender Name:** | | | | **15. Servicer Name:** | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | |
| **16. Lender Website:** | | Click or tap here to enter text. | | | | | | | |
| **17. 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 Health and Human Services for purposes of qualifying the loan(s) for repayment by the State of Michigan.** | | | | | | | | | |
|  | Click or tap here to enter text. | |  | | Click or tap here to enter text. | | | |  |
|  | **Borrower Signature** | |  | | **Date** |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Borrower’s Last Name:** | | | | Click or tap here to enter text. | | | | | **Borrower’s First Name:** | | | Click or tap here to enter text. | | | | |
| **Section II: To be completed by the LOAN SERVICER – Please refer to instructions on Page 2 when filling out this form.** | | | | | | | | | | | | | | | | |
| **1. Servicer Contact Name:** | | | | | Click or tap here to enter text. | | | | **2. Servicer Contact Phone Number:** | | | | | Click or tap here to enter text. | | |
| **3. Servicer Contact Email Address:** | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **4. The LOAN SERVICER must complete the table below for each loan assigned to the borrower.** | | | | | | | | | | | | | | | | |
| **\*\*INSTRUCTIONS FOR TOTAL BORROWER REPAYMENTS COLUMN\*\***  *(see borrower’s response to Section I, Question 11.a & 11.b, on Page 1 of this form)*  • **If 11 a) is selected, you do NOT need to fill out the Total Borrower Repayment column.**  • **If 11 b) is selected, please include the TOTAL amount of funds that have been paid on each of the loans since the date listed in box 12, Section I.** | | | | | | | | | | | | | | | | |
| **(A.)**  **Account Number** | | **(B.) Note Date** | **(C.)**  **Name of Loan Program** | | | | **(D.)**  **Lender** | | **(E.)**  **Balance** | **(F.)**  **Days**  **Past**  **Due** | **(G.)**  **Monthly Payment** | | | | **(H.)**  **Total Borrower Repayments  (see instructions above)** | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
|  | |  |  | | | |  | |  |  |  | | | |  | |
| ***(Additional Rows Available On Next Page, If Needed)*** | | | | | | | **TOTALS:** | | $ |  | $ | | | | $ | |
| **5. I certify that the information provided in Section II is true and correct.** | | | | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | |  | Click or tap here to enter text. | | |  | | Click or tap here to enter text. | | |  |
|  | **Name of Authorized Official** | | | | | |  | **Signature of Authorized Official** | | |  | | **Date** | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Borrower’s Last Name:** | | | Click or tap here to enter text. | | | **Borrower’s First Name:** | | | Click or tap here to enter text. | | | |
| **Section II, Question #4: Additional Rows Provided (Optional, If Needed) – to be completed by the LOAN SERVICER.** | | | | | | | | | | | | |
| **(A.)**  **Account Number** | | **(B.) Note Date** | **(C.)**  **Name of Loan Program** | **(D.)**  **Lender** | | **(E.)**  **Balance** | **(F.)**  **Days Past**  **Due** | **(G.)**  **Monthly Payment** | | | **(H.)**  **Total Borrower Repayments  (see instructions above)** | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | |  |  |  | |  |  |  | | |  | |
|  | | | | **TOTALS:** | | $ |  | $ | | | $ | |
| **5. I certify that the information provided in Section II is true and correct.** | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | |  | Click or tap here to enter text. | | |  | | Click or tap here to enter text. | |  |
|  | **Name of Authorized Official** | | |  | **Signature of Authorized Official** | | |  | | **Date** | |  |