

<b>Section I: To Be completed by borrower – Please refer to Instructions on page 1.</b>			
1) Last Name:		2) First Name:	
3) Middle Name:			
4) Home Address:		5) City:	
6) State:		7) Zip:	
8) Phone:		9) Email:	
10) Fax:			
11) MSLRP Participant Type: Choose only one Participant Type – SELECT ONLY ONE OPTION BELOW:			
11 a) Check the box below if you are applying for your first MSLRP loan repayment agreement.  <input type="checkbox"/>  If checked, skip to data field 14) (“Total Borrower Repayments” in Section II does not need to be completed by the loan servicer.)		11 b) Check the box below if your <b>current and first</b> MSLRP agreement started 10/1/23 and you are now reapplying for your <b>second</b> agreement that will start on 10/1/25.  <input type="checkbox"/>  If checked, fill out 12) below according to the instructions on page 1 in mm/dd/yy format:	
		11 c) Check the box below if you have been awarded and <b>completed</b> an MSLRP agreement before and have received payments.  <input type="checkbox"/>  If checked, fill out 13) below according to the instructions on page 1 in mm/dd/yy format:	
		12) Enter 10/1/23, the start date of your current agreement here:  <input type="text"/>	
		13) Enter the start date of your first completed MSLRP agreement here:  <input type="text"/>	
14) Lender Name:		15) Lender Website:	
16) Servicer Name:			
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.			
_____ <b>Borrower Signature</b>		_____ <b>Date</b>	

Provider Application: Part B  
Michigan State Loan Repayment Program  
Michigan Department of Health and Human Services

Borrower's Last Name

Borrower's First Name

<b>Section II: To be completed by the Loan Servicer – Please refer to instructions on Page 2 when filling out this form.</b>							
1) Servicer Contact Name:				2) Servicer Contact Phone:			
3) Servicer Contact Email:							
<b>4) The Loan Servicer must complete the table below for each loan assigned to the borrower.</b> <b>**Instructions for Total Borrower Repayments Column**</b> See borrower's response to <u>Section I</u> question 11 a), b), and c). <ul style="list-style-type: none"> <li>If 11 a) is selected, then, you do not need to fill out the Total Borrower Repayment column.</li> <li>If 11 b) is selected, then 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.</li> <li>If 11 c) is selected, then please include the total amount of funds that have been paid on each of the loans since the date listed in box 13, Section I.</li> </ul>							
Account #	Note Date	Name of Loan Program	Lender	Balance	Days Past Due	Monthly Payment	Total Borrower Repayments **See instructions above**
			Totals:	\$		\$	\$
<b>6) I certify that the information provided in Section II is true and correct.</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Name of Authorized Official</div> <div style="width: 30%;">Signature of Authorized Official</div> <div style="width: 30%;">Date</div> </div>							