



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

Borrower's Last Name

Borrower's First Name

**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: \_\_\_\_\_ 2) Servicer Contact Phone: \_\_\_\_\_

3) Servicer Contact Email: \_\_\_\_\_

**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), b), and c).  
 • If 11 a) is selected, then, you do not need to fill out the Total Borrower Repayment column.  
 • 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.  
 • 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.

Account #	Note Date	Name of Loan Program	Lender	Balance	Days Past Due	Monthly Payment	Total Borrower Repayments **See instructions above**
Totals:				\$		\$	\$

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

\_\_\_\_\_

Name of Authorized Official
Signature of Authorized Official
Date