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| DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION | CONTROL NO. | LOAN PROGRAM <i>(X one)</i> | | OMB No. 0704-0152 OMB approval expires Oct 31, 2009 |
| | | <input type="checkbox"/> ACTIVE DUTY LRP | <input type="checkbox"/> HEALTH PROFESSIONALS LRP | |
| | | <input checked="" type="checkbox"/> SELECTED RESERVE LRP | | |

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.
FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2171, 2173, 16301, 16302, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: To administer the DoD Loan Repayment Program.

ROUTINE USES: Release is restricted to the Department of Education, to the U.S. Public Health Service, to public and private higher educational institutions, to financial institutions, to the Internal Revenue Service, to private bill collection agencies. The information provided may be used in computer matching programs within the DoD or with any other affected Federal Agency for verification to determine your eligibility and/or compliance with the benefit program requirements being applied for herein and to effect recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary.

DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay processing of your LRP application.

1. PERSONNEL OFFICE VERIFICATION *(To be completed by the designated personnel officer)*

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| <p>a. FORWARD COMPLETED FORM TO THIS ADDRESS <i>(Include ZIP Code)</i></p> <p>West Virginia Army National Guard Attn: SGT Melissa Burkhart, State Incentive Manager/SLRP 1703 Coonskin Drive Charleston, WV 25311 Phone 304-561-6370</p> | <p>b. VERIFYING OFFICIAL I certify that this servicemember has performed satisfactorily.</p> <p>(1) NAME <i>(Last, First, Middle Initial)</i> Unit Readiness NCO/Training NCO</p> <p>(2) SIGNATURE Signature to verify SM is in good standings</p> <p>(3) DATE SIGNED <i>(YYYYMMDD)</i> date signed</p> |
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2. SERVICEMEMBER DATA *(To be completed by servicemember)*

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| <p>a. NAME <i>(Last, First, Middle Initial)</i> Last Name, First Name, Middle Initial</p> <p>c. SOCIAL SECURITY NO. 000-00-0000</p> <p>e. E-MAIL ADDRESS Soldier's AKO email address</p> | <p>b. ADDRESS <i>(Street, City, State, and ZIP Code)</i> Soldier's Complete Address</p> <p>I authorize the release of my financial data by lender/holder to complete entries in Section 4.</p> <p>f. TOTAL OF PRIOR PAYMENTS Amount already paid</p> <p>g. SIGNATURE Soldier's Signature</p> <p>h. DATE SIGNED <i>(YYYYMMDD)</i> date signed</p> |
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3. LOAN DATA *(To be completed by servicemember)*

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| <p>a. NAME ON THE LOAN <i>(Last, First, Middle initial)</i> Name the Loan is in (Last Name, First Name, Middle)</p> | <p>b. ORIGINAL DATE OF PROMISSORY NOTE <i>(YYYYMMDD) date of loan</i></p> | <p>c. ORIGINAL LOAN AMOUNT 0.00</p> |
| <p>d. LOAN ____ OF ____ LOANS</p> | <p>e. LOAN ACCOUNT NUMBER Acct Number on Loan</p> | <p>f. LOAN HOLDER NAME Lender's Name (Not Soldier's Name)</p> |
| <p>g. LOAN HOLDER ADDRESS <i>(Include ZIP Code)</i> Lender's Complete Address --- where inquiries are mailed to. Not where the payment is mailed to.</p> | | <p>h. TELEPHONE NUMBER <i>(Include Area Code)</i> (000) 000-000</p> |

4. LENDER VERIFICATION *(To be completed by loan holder)*

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| <p>a. LOAN IN DEFAULT <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>b. UNPAID PRINCIPAL BALANCE</p> | <p>c. OUTSTANDING BALANCE</p> | <p>d. ORIGINAL LOAN AMOUNT</p> |
| <p>e. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT <i>(Include ZIP Code)</i></p> | | <p>f. FEDERAL TAX IDENTIFICATION NO</p> | <p>g. TYPE OF LOAN <i>(See Instructions)</i></p> |
| <p>** DO NOT FILL IN #4 -- LENDER WILL FILL IN **</p> | | | |
| <p>h. IS THIS A CONSOLIDATED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | <p>i. LOAN INTEREST</p> | <p>j. LOAN FEES</p> |
| <p>k. CERTIFYING OFFICER As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.</p> | | | |
| <p>(1) NAME <i>(Last, First, Middle Initial)</i> LENDER'S SIGNATURE</p> | <p>(2) TITLE LENDER'S INFO</p> | <p>(3) SIGNATURE LENDER'S SIGNATURE</p> | <p>(4) DATE SIGNED <i>(YYYYMMDD)</i> lender's date</p> |

FORWARD THIS FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.

5. REMARKS *(Continue on back if necessary)*

Lender, please provide copies of all promissory notes and disbursement letters. Please mail back to SGT Burkhart at the address in block 1A, or e-mail at melissa.burkhart@wv.ngb.army.mil or fax 304-561-6463

Thank you!