

DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION	CONTROL NO.	LOAN PROGRAM (<i>X one</i>)		OMB No. 0704-0152 OMB approval expires Nov 30, 2013
		<input type="checkbox"/>	ACTIVE DUTY LRP	
		<input type="checkbox"/>	HEALTH PROFESSIONALS LRP	
		<input 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, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (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, as amended (SSN).

PRINCIPAL PURPOSE: To administer the DoD Loan Repayment Program.

ROUTINE USES: To the Department of Education, to the U.S. Public Health Service or to the lending financial institution(s) for the purpose of verifying the value of the loan and to effect payment to the lending institution. To the Internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the 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 application.

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

a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)
West Virginia Army National Guard

Attn: SGT Melissa Burkhardt, State Incentive Manager
1703 Coonskin Drive
Charleston, West Virginia 25311
Phone: 304-561-6370/Fax 304-561-6463
E-mail: melissa.ann.burkhardt@ng.army.mil

b. VERIFYING OFFICIAL.

I certify that this servicemember has performed satisfactorily.

(1) NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED
(YYYYMMDD)

2. SERVICEMEMBER DATA (To be completed by servicemember)

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, City, State, and ZIP Code)

c. SOCIAL SECURITY NO.

d. TELEPHONE NO. (Incl. Area Code)

I authorize the release of my financial data by lender/holder to complete entries in Section 4.

e. E-MAIL ADDRESS

f. TOTAL OF PRIOR PAYMENTS

g. SIGNATURE

h. DATE SIGNED
(YYYYMMDD)

3. LOAN DATA (To be completed by servicemember)

a. NAME ON THE LOAN (Last, First, Middle Initial)

b. ORIGINAL DATE OF PROMISSORY NOTE
(YYYYMMDD)

c. ORIGINAL LOAN AMOUNT

d. LOAN _____ OF _____ LOANS

e. LOAN ACCOUNT NUMBER

f. LOAN HOLDER NAME

g. LOAN HOLDER ADDRESS (Include ZIP Code)

h. TELEPHONE NUMBER
(Include Area Code)

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

a. LOAN IN DEFAULT (*X one*)

YES NO

b. UNPAID PRINCIPAL BALANCE

c. OUTSTANDING BALANCE

d. ORIGINAL LOAN AMOUNT

e. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)

f. FEDERAL TAX IDENTIFICATION NO.

g. TYPE OF LOAN (See Instructions)

h. IS THIS A CON-SOLIDATED LOAN?
 YES NO

i. LOAN INTEREST

j. LOAN FEES

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.

(1) NAME (Last, First, Middle Initial)

(2) TITLE

(3) SIGNATURE

(4) DATE SIGNED
(YYYYMMDD)

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

5. REMARKS (Continue on back if necessary)

Lender,

Please mail this form to SGT Burkhardt - see block 1.a for address, fax and e-mail.

Thank you!

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

a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code) West Virginia Army National Guard Attn: SGT Melissa Burkhardt, State Incentive Manager 1703 Coonskin Drive Charleston, West Virginia 25311 Phone: 304-561-6370/Fax 304-561-6463 E-mail: melissa.ann.burkhardt@ng.army.mil	b. VERIFYING OFFICIAL. I certify that this servicemember has performed satisfactorily.	
	(1) NAME (Last, First, Middle Initial)	
	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD)

2. SERVICEMEMBER DATA (To be completed by servicemember)

a. NAME (Last, First, Middle Initial)		b. ADDRESS (Street, City, State, and ZIP Code)	
c. SOCIAL SECURITY NO.	d. TELEPHONE NO. (Incl. Area Code)		
I authorize the release of my financial data by lender/holder to complete entries in Section 4.			
e. E-MAIL ADDRESS	f. TOTAL OF PRIOR PAYMENTS	g. SIGNATURE	h. DATE SIGNED (YYYYMMDD)

3. LOAN DATA (To be completed by servicemember)

a. NAME ON THE LOAN (Last, First, Middle Initial)	b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)	c. ORIGINAL LOAN AMOUNT
d. LOAN _____ OF _____ LOANS	e. LOAN ACCOUNT NUMBER	f. LOAN HOLDER NAME
g. LOAN HOLDER ADDRESS (Include ZIP Code)		h. TELEPHONE NUMBER (Include Area Code)

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

a. LOAN IN DEFAULT (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	b. UNPAID PRINCIPAL BALANCE	c. OUTSTANDING BALANCE	d. ORIGINAL LOAN AMOUNT
e. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)		f. FEDERAL TAX IDENTIFICATION NO.	g. TYPE OF LOAN (See Instructions)
h. IS THIS A CON-SOLIDATED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		i. LOAN INTEREST	j. LOAN FEES

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.

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