

# Forgiveness Application

## Loan Repayment Assistance Program



Applicants may be eligible for forgiveness if they had an LRAP loan and meet the requirements set out in the LRAP Program Description document for the funding year of their loan. With this application, please submit federal tax returns (all schedules) wage statements(s) and additional items as indicated in this Loan Forgiveness Application for your LRAP-year (either January 1 to December 31 or the year agreed to with the LRAP).

### Personal Information

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

LRAP Year: ☐ January \_\_\_\_\_ to December \_\_\_\_\_ ☐ Other: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_

### LRAP Eligible Employer Information

Have you changed employers since applying for the LRAP? ☐ Yes ☐ No

*If Yes:*

Date Old Employment Ended: _____	
o <i>Attach a letter from your old employer confirming employment end date</i>	
New Job Title: _____	
Name of New Employer: _____	
Address: _____	
Start Date: _____	Number of Hours per Week: _____
Duties/Nature of New Work: _____ _____ _____	
Category of New Employer: <input type="checkbox"/> Government <input type="checkbox"/> Tax-exempt organization under Internal Revenue Code section 501(c)(3), (4), or (5)	

☐ A qualified Indian entity as defined by IRS 7873(b)

☐ Other: \_\_\_\_\_

- Attach a letter from your **new** employer confirming employment dates
- Attach a copy of your **new** employer's IRS tax-exempt certificate

Have you changed the number of hours worked for your Public Interest employer? ☐ Yes ☐ No

If Yes:

New Number of Hours per Week \_\_\_\_\_

- Attach a letter from your employer confirming employment dates through the end of your LRAP year

## Financial Information

- Attach a copy of the first page of your Federal Income Tax plus W-2 statements for yourself and spouse/partner (if applicable) for the calendar year(s) covered by your LRAP year

Non-taxable income (forgiven loans, gifts, inheritances, other) during your LRAP Year: \$ \_\_\_\_\_

Awards from other Loan Repayment Assistance Programs during your LRAP Year: \$ \_\_\_\_\_

Do you or your partner have any dependents not claimed on your tax form? ☐ Yes ☐ No

If Yes:

	Applicant	Partner
Name(s), age(s), and relationship(s) to applicant or partner of dependents:	1.	1.
	2.	2.
	3.	3.
Will all dependents be claimed on tax forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
○ If dependents will not be claimed on tax forms, explain and verify expenses of at least \$5,000 for the care of each.		

## Student Loans

Was your loan repayment suspended for any reason during your LRAP year? ☐ Yes ☐ No

If Yes:

How long was your repayment suspended? \_\_\_\_\_ to \_\_\_\_\_ (month/day/year)

Did your school loan payments equal or exceed your LRAP award during your LRAP year? ☐ Yes ☐ No

If No:

How much did you pay toward your law school loans during your LRAP year? \$ \_\_\_\_\_

## Certification

All information on this form is true and complete to the best of my (our) knowledge. If asked, I (we) agree to provide proof of the information supplied on this form. I (We) understand that awards may be adjusted or rescinded upon receipt of verifying information. I authorize my law school to release to PILC information regarding my loans. I (We) agree to conduct this transaction by electronic means.

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Applicant's Signature

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Date

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Partner's Signature (if applicable)

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Date

## Documents Enclosed:

- *Completed Forgiveness Application*
- *Letter confirming employment through your LRAP year*
- *Tax returns for year(s) covered by your LRAP year*
- *If applicable, **new** employer letter with dates and salary*
- *If applicable **new** employer's IRS tax-exempt certificate*
- *If applicable, dependent expense letter*

Submit application and all supporting materials to:

Director of Public Interest Law  
Lewis & Clark Law School  
10015 SW. Terwilliger Blvd.  
Portland, OR 97219

Email:  
aemerson@lclark.edu