

# Public Interest Loan Repayment Assistance Program

## *Loan Forgiveness Application*

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).

### **I. Personal Information**

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

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

My LRAP year is (please check):

Standard: January 1 to December 31       Designated: Date Range \_\_\_\_\_

### **II. LRAP Eligible Employer Information**

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

If Yes:

Date Old Employment Ended: \_\_\_\_\_

Attach a letter from your **old** employer confirming employment end date

New Job Title: \_\_\_\_\_

Name of New Employer: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Number of Hours per Week: \_\_\_\_\_

Duties/Nature of New Work:

Category of New Employer (please check):

- Government
- 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 you work per week 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

### III. Financial Information

Attach a copy of your Federal Income Tax return including all schedules and 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 dependants not claimed on your tax form?       Yes       No

If Yes:

<i>Question</i>	<i>Applicant</i>	<i>Partner</i>
Number of unclaimed Dependents:		
Name(s), age(s), and relationship(s) to applicant or partner of dependents:	1.  2.	1.  2.
<input type="radio"/> Attach a letter explaining the circumstances and verifying at least \$5,000 spent on care per unclaimed dependent.		

### IV. Loan Information

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 you make law school loan payments totaling at least the amount of your LRAP assistance during your LRAP year?       Yes       No

If No:

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

Complete your application by signing the certification on the next page and attaching all applicable documents.

## V. Certification

All the information on this form is true and complete to the best of my (our) knowledge. All of my (our) expected income from every source whether taxable or un-taxable has been reported. If asked by an authorized official, 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 law school loans should PILC request it.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature (if applicable)

\_\_\_\_\_  
Date

## IX. Documents Enclosed:

Forms Enclosed (please check as appropriate):

- Employer letter confirming employment through the end of your LRAP year*
- Tax returns including schedules and W-2s for the calendar year(s) covered by your LRAP year*
- If applicable, a letter from your **new** employer confirming employment dates*
- If applicable, a copy of your **new** employer's IRS tax-exempt certificate*
- If applicable, a letter explaining dependent expenses*

Submit application and all supporting materials to:

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

Tel: 503-768-6890

Fax: 503-768-6729

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