

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: _____
<input type="checkbox"/> <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: _____

- o *Attach a letter from your **new** employer confirming employment dates*
- o *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 _____

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

Financial Information

o *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
o <i>If dependents will not be claimed on tax forms, explain and verify expenses of at least \$5,000 for the care of each.</i>		

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.

Applicant's Signature

Date

Partner's Signature (if applicable)

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

Tel: 503-768-6634
Email: sahler@lclark.edu