

STATE LOAN REPAYMENT PROGRAM (SLRP/MLARP)
PART IV
APPLICATION TIMELINE:
SPRING (MARCH 1 TO APRIL 15): FALL (SEPTEMBER 1 TO OCTOBER 15)

PART IV: LENDER VERIFICATION FORM (TO BE COMPLETED BY EACH LENDER)
MAKE AS MANY COPIES OF THIS FORM AS NECESSARY FOR EACH LOAN

Name: _____ Social Security Number: _____

I authorize my lender, _____, to provide the information requested by the Maryland Higher Education Commission—Office of Student Financial Assistance.

Candidate's Signature

Date

THIS SECTION IS TO BE COMPLETED BY THE LENDING INSTITUTION

Name of Candidate: _____

Account number: _____

Outstanding principle: _____

Outstanding interest: _____

Payment information is necessary although a loan may be in deferment at the present time. If a repayment schedule has not yet been determined, please provide an estimate of the monthly payment.

Monthly/quarterly payment: _____

Date first payment is/was due: _____

Please indicate payment schedule: Monthly Quarterly

This loan is: Current In default In deferment

Has this loan ever been in default? Yes No If YES, when: _____

Name of lender to whom payments will be made: _____

Printed name of official: _____

Federal ID number of lender: _____

Title of official: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone number: _____

Date _____

Signature of official: _____

PLEASE MAIL TO:

Temi Oshiyoye, Workforce Coordinator, Attn: SLRP Application
Department of Health and Mental Hygiene • Prevention and Health Promotion Administration
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