

2019 Loan Application Checklist
The Loan Repayment Assistance Program of Minnesota
Helping Lawyers Help the Disadvantaged

Application Deadline: November 1, 2018
Incomplete Applications Will Not Be Considered

Unless you are waiting for an institutional response, the items listed below must accompany the *2019 Loan Application*. If you are waiting for institutional information, please indicate this on your application.

- A copy of your final law school transcript (unless it is already on file at LRAP or you have requested that it be sent to LRAP directly).
- The *Employment Verification Form* signed by an authorized person at your place of employment.
- If not licensed, attach a separate sheet of explanation if necessary.
- Verification of each educational loan included in Section 4 of the *Application*.
- A letter of explanation if you are eligible to receive loan repayment assistance from another source.
- Verification of your income-driven repayment monthly payment amount if the amount is based solely on your income from Qualifying Employment.
- A copy of your 2017 Form 1040, 1040A, or 1040EZ, including all schedules, attachments, and amendments.
- Verification of daycare expenses, if applicable.

Prior to sending the *2019 Loan Application*, verify the following:

- You signed the *Application* and the *Employment Verification Form*.
- You have a photocopy of your completed application for your records.
- You have adequate postage.

Mail your completed application to:
Heather Rastorfer Vlieger, Executive Director
Loan Repayment Assistance Program of Minnesota
600 Nicollet Mall, Suite 380
Minneapolis, MN 55402

If you have any questions, please contact Heather Rastorfer Vlieger, LRAP Executive Director, at (612) 278-6315 or by email at HeatherRV@statebar.gen.mn.us.

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Generally, individuals may only apply if their gross income from all sources does not exceed the applicable income cap based on years of experience. However, some legal aid providers recently increased salaries, so applicants who exceed the caps for their years of service should still apply.

<u>Years of Experience in Qualifying Employment</u>	<u>Applicant's Gross Income From All Sources</u>
0-2	\$55,000
3-5	\$59,000
6-8	\$63,000
9-11	\$67,000
12-15	\$69,500

Section 1: Applicant Information

Last Name		First Name		Middle Initial
Street Address (where you wish to receive mail)		City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Email Address	
Social Security Number	Date of Birth	Number of Dependents (not including self and spouse)		

Optional: Information regarding gender, race/ethnic origin, and language skills is requested for statistical purposes only and does not affect awards in any way.

GENDER: (check all that apply)

Male
 Female
 Non-Binary/Third Gender
 Prefer to self-describe

RACE/ETHNIC ORIGIN: (check all that apply)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Hispanic or Latino (regardless of race)
 Other: _____

LANGUAGE SKILLS: _____

Section 4: Education Debt Information (See instructions).

If your loans are consolidated, you may report a single total for those loans included in the consolidation. If any grace periods are in effect, note when payments begin on those loans. Where principal amount is requested, please do not list any interest amount.

University of St. Thomas Graduates: Please complete both the information below and the separate *University of St. Thomas Addendum*.

Are all of your Federal Loans being repaid through the Direct Loan Program? Yes No

Note: In order to take advantage of the Federal Public Service Loan Forgiveness program, you must be making payments under an income-driven repayment plan through the Direct Loan Program. If you are not in repayment through Federal Direct, see <http://www.loanconsolidation.ed.gov> for consolidation information.

FEDERAL LOANS					
Loan Source & Purpose of Loan	Principal on Law School Loans at the Time You Entered Repayment or Currently Owed (whichever is larger)	Principal on Undergraduate Loans at the Time You Entered Repayment or Currently Owed (whichever is larger)	Total Principal at the Time You Entered Repayment or Currently Owed (whichever is larger)	MONTHLY Payment (note starting date if a grace period is in effect)	Current Interest Rate
Consolidated Loan	\$ _____	\$ _____	\$ _____	\$ _____	_____
Grad PLUS	\$ _____	\$ _____	\$ _____	\$ _____	_____
Stafford (GSL)	\$ _____	\$ _____	\$ _____	\$ _____	_____
Perkins (NDSL)	\$ _____	\$ _____	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTAL FEDERAL	\$ _____	\$ _____	\$ _____	\$ _____	_____

NON-FEDERAL LOANS					
Loan Source & Purpose of Loan	Principal on Law School Loans <i>Currently Owed</i>	Principal on Undergraduate Loans <i>Currently Owed</i>	Total Principal <i>Currently Owed</i>	MONTHLY Payment (note starting date if a grace period is in effect)	Current Interest Rate
Lender 1: _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
Lender 2: _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
School Name: _____	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTAL NON-FEDERAL	\$ _____	\$ _____	\$ _____	\$ _____	_____

Check here if you are eligible to receive loan repayment assistance from another source.

Attach explanation of other loan repayment assistance, if any.

Attach verification of each loan.

Loan Payment Information

Check here if your income-driven repayment monthly payment amounts are based solely on your income from Qualifying Employment.

Attach verification of income-driven repayment monthly payment amount (see instructions).

---OR---

Complete the box below if you do *not* have income-driven repayment monthly payment amounts based solely on your income from Qualifying Employment (e.g. second job, married filing jointly). *Your answer to Item 1 should be based only on Qualifying Employment.*

1. Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.	\$ _____
2. Taxable Interest.	\$ _____
3. Unemployment compensation and Alaska Permanent Fund dividends.	\$ _____
TOTAL	\$ _____
<i>This is your adjusted gross income for purposes of LRAP Calculated Income Based Repayment monthly payment amount.</i>	

Section 5: Income Information (See instructions).

For 2019:		Other projected income for 2019 not reported elsewhere (from <u>all</u> sources including rental property, interest, dividends, etc.):	
Your estimated gross income:	\$ _____	Source:	Amount:
Projected day care expenses:	\$ _____	_____	\$ _____
Does an employer pay day care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
If yes, how much?	\$ _____	_____	\$ _____
Assets over \$15,000 (other than residence, qualified retirement accounts, or car):	\$ _____	_____	\$ _____

<u>Years of Experience in Qualifying Employment</u>	<u>Asset Cap</u>
0–2	\$18,000
3–5	\$20,000
6–8	\$22,000
9–11	\$24,000
12–15	\$26,000

I have non-excluded assets over the applicable cap. Contact LRAP to request an *Asset Reporting Form*. Please attach this form to your application.

Current Gross Monthly Salary from Qualifying Employment: \$ _____

Attach appropriate documentation (see instructions).

CERTIFICATION

I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. If asked by LRAP Minnesota, I agree to provide additional verification as requested.

Applicant Signature

Date

Employment Verification Form

Applicant completes Section A:

Last Name	First Name	Middle Initial
Employer Name	Program or Branch	
Agency Address		
Job Title and Brief Description of Work ¹		

I am employed full-time for the program/agency listed above. I authorize the above-named employer to provide the information requested in Section B of this form.

_____ Date _____
 Applicant Signature

Employer completes Section B:

The Loan Repayment Assistance Program of Minnesota Requires information about the applicant's employer and certification of an applicant's employment status and salary. Please complete this section of the form and return it to the employee. Thank you.

Description of agency's mission:	
Description of client income criteria (e.g. 125% of federal poverty guidelines):	
Fees, if any, charged to clients:	
Dates of Employment: Start Date: _____ To: _____ ("current" or date of termination)	Salary: Current Monthly Gross Salary: \$ _____ Projected Annual Gross Salary for 2019: \$ _____ Please calculate and include any scheduled salary changes for the above time period.
Person certifying employment (print):	Title:

I certify that information contained in this form is true and complete to the best of my knowledge.

_____ Date _____
 Signature of person certifying employment

¹ Pursuant to our Program Guidelines, funding shall only be given to attorneys providing legal advice or representation to low-income clients based upon financial eligibility criteria or support services for this work.