

2019 / 2020 Loan Application Checklist
The Loan Repayment Assistance Program of Minnesota
Helping Lawyers Help the Disadvantaged

Application Deadline: May 1, 2019
Incomplete Applications Will Not Be Considered

Unless you are waiting for an institutional response, the items listed below must accompany the *2019/2020 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). Transcripts need not be official.
- 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 2018 Form 1040, 1040A, or 1040EZ, including all schedules, attachments, and amendments.
- Verification of daycare expenses, if applicable.
- If applicable, requested and completed *Previous Employment Verification Form* and/or *Asset Reporting Form*.

Prior to sending the *2019/2020 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 hvlieger@mnbars.org

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Income caps apply based on years of experience **as an attorney**. However, priority for loan repayment assistance is based on years of experience in Qualifying Employment. *You should still apply if your income exceeds the applicable cap- please provide a written explanation as to why your income exceeds this cap.*

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
Attorney	\$50,016	\$51,072	\$52,128	\$53,232	\$54,336	\$55,488	\$56,640	\$57,816
Supervisor	\$60,475	\$61,475	\$62,495	\$63,536	\$64,598	\$65,680	\$66,784	\$67,910

	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Attorney	\$59,016	\$60,264	\$61,296	\$62,352	\$63,422	\$64,691	\$65,985
Supervisor	\$69,059	\$70,231	\$71,426	\$72,646	\$73,889	\$75,158	\$76,452

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 2: Law School Information

LAW SCHOOL: Mitchell | Hamline School of Law

Graduation Date: _____

University of Minnesota Law School

University of St. Thomas School of Law

(Graduates must also complete the *University of St. Thomas School of Law Application Addendum*.)

Other ABA Accredited Law School: _____



Attach a copy of your final law school transcript or have the institution send it directly to LRAP (does not apply to returning LRAP award recipients). Transcripts need not be official.

Section 3: Employment Information

I am or will be employed full time at the following organization:

Name of Agency:			
Agency Address:	City	State	Zip Code

My employer, listed above, supports or provides legal services to the poor and is one of the following:

501(c)(3) nonprofit organization

501(c)(4) nonprofit organization



Attach *Employment Verification Form*.

I am a previous LRAP recipient, and my previous qualifying employment documentation is on file with LRAP. List names and dates of previous qualifying employment:

I am a new applicant with previous public interest employment. Contact LRAP to request a special employment verification form for your previous public interest employment. Please attach this form to your application.

Attorney License Number(s):

State(s) Licensed:

If not licensed, please explain: (use separate sheet if necessary)

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 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**. Contact LRAP for more information.*

Do you anticipate achieving Public Service Loan Forgiveness? Yes No

Please list the month and year you expect PSLF: _____

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	\$ _____

This is your adjusted gross income for purposes of LRAP calculated income-driven repayment monthly payment amount.


Section 5: Income Information (See instructions).

For the period July 2019-June 2020:		Other projected income for 2019-2020 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 if over cap (other than residence, qualified retirement accounts, or car):	\$ _____	_____	\$ _____

Years of Experience in Qualifying Employment	Asset Cap
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.

Applicant Signature

Date

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 7/1/19-6/30/20: \$ _____ 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.

Signature of person certifying employment

Date

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.