

HARVARD MEDICAL SCHOOL LOAN REPAYMENT PROGRAM

HMS FINANCIAL AID OFFICE

GORDON HALL RM. 211

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BOSTON, MASSACHUSETTS 02115

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RENEWAL APPLICATION FOR CURRENT PARTICIPANTS

APPLICATION PERIOD July – December 2008

APPLICATION DEADLINE: July 15, 2008

INSTRUCTIONS

Before your LRAP award can be calculated and disbursed, we must receive the following information from you:

- **Renewal Application for Current Participants:** Please complete the form, sign it, and return it to the HMS Financial Aid Office.
- **Current Loan Certification:** See page 5 for details.
- **Employer Certification Form:** To be completed and returned directly to the HMS Financial Aid Office by your employer.

PART I -- APPLICANT INFORMATION

Name _____ Class Year _____

Home Address _____

Home Phone # () _____ Fax # () _____

Work Address _____

Work Phone # () _____ Fax # () _____

Email address _____

Marital Status _____

Dependent Children _____
(Names & Birth dates)

Daycare Arrangements and Expenses _____
(Please attach documentation of child-care expenses. This can be in the form of a bill from a child-care center with your child's name on it and/or a signed letter from your child-care provider)

PART II -- EMPLOYMENT INFORMATION

APPLICANT

Employer _____

Job Title _____

Nature of Work _____

Date Started _____ Date Ended _____ Annual Salary (Gross) _____

SPOUSE/DOMESTIC PARTNER

Spouse/D.P.'s name _____

Employer _____

Job Title/Nature of Work _____

Date Started _____ Date Ended _____ Annual Salary (Gross) _____

() Check here if you or your spouse/partner were employed by more than one employer during 2007 and attach a separate sheet providing information regarding the additional employer(s).

() Check here if you or your spouse/partner will be unemployed or employed on a part-time basis for any period during 2008. Attach a separate sheet detailing this information, including sources of income during this period.

() Check here if you or your spouse/partner have children and are claiming child care expenses. Please provide documentation of child care expenses (a copy of a child care center bill and/or a signed letter from a child care provider).

() Check here if newly self-employed in 2008. Contact the Director of Financial Aid regarding eligibility.

PART III -- ASSET INFORMATION

| | <u>Applicant</u> | <u>Spouse</u> |
|--|------------------|-----------------|
| 1) Amount of cash or savings owned | \$ _____ | \$ _____ |
| 2) Other investments & real estate (please itemize): | | |
| Description _____ | \$ _____ | \$ _____ |
| Description _____ | \$ _____ | \$ _____ |
| Description _____ | \$ _____ | \$ _____ |
| 3) <u>Vested</u> amounts in employee retirement plans, 401(k) or 403(b) plans, or IRA's. | \$ _____ | \$ _____ |
| 4) Home equity value (see below to compute) | \$ _____ | \$ _____ |
| Current home value (renters write "0") | \$ _____ | |
| <i>Less</i> amount still owed on home | \$ _____ | |
| <i>Equals</i> home equity value | \$ _____ | |
| Also list: Year of purchase of home _____ Purchase price of home \$ _____ | | |
| Total Assets (add amounts in 1 – 4 above) | \$ _____ | \$ _____ |

PART IV –ADDITIONAL INCOME

Please list any

- (A) Total Wages, Salary, Commissions, and Fees from additional employment; and/or
- (B) Awards from other loan repayment assistance programs; and/or
- (C) Other Taxable Income (i.e. overtime pay; capital gains, interest income, alimony, unemployment compensation, etc); and/or
- (D) Untaxed Income & Benefits (i.e. child support, worker comp., tax-exempt interest, housing/food allowance, VA benefits, etc.), received/expected to receive in 2008, and describe:

PART V – CHANGES TO EDUCATION DEBT

If you or your spouse/partner has consolidated, paid off, or had other significant changes in the terms of your loans since your last application, please describe these changes below. It is not necessary to note small changes to your monthly payment amounts.

**PART VI -- CERTIFICATION
For all Applicants and Spouses/Domestic Partners**

I (we) hereby certify that all of the information contained in this application, including addenda, is true and complete to the best of my (our) knowledge. If asked, I (we) agree to provide further proof of the information given on this form. **I (we) also agree to inform the Director of Financial Aid of any changes in income or other relevant change during the period of participation within one month of said change.**

Applicant's Signature _____ Date _____

Spouse/Partner's Signature _____ Date _____

PART VII – SPECIAL DISBURSEMENT REQUEST

Please list the address to which you would like your LRAP disbursement sent, if different from home address:
