



APPLICATION INSTRUCTIONS

The following information **must** be provided to your loan (lender) institution for formal verification for eligibility determination on or before the application deadline.

1. Complete Sections I & II for **EACH** loan account.
 - Ensure Section I is completed and signed before forwarding the packet to the Lending Institution for verification and authorization
 - Ensure Lending Institutions are aware of the signature line and contact information requirement at the bottom of Section II. Applicants *should allow one to three weeks for Lending Institutions to complete and submit Section II to Delaware Health Care Commission (DHCC) via e/mail or fax*
2. Complete Section III sign in **BLUE** ink and notarize (*Release of Information Form*)
3. Send **DIRECTLY** to your lender:
 - Section I - *Must be completed and have Applicant's Signature*
 - Section II - *Submit a blank form for verification of information and the Lender's Authorized Representative's Signature*
 - Photocopy of Section III (**for EACH Lender**) - Notarized
4. Send to Delaware Loan Repayment Program in care of DHCC:
 - Section II must be sent *from* the Lender to DHCC directly the applicant cannot send verified forms to DHCC
 - Original Version of Section III signed in **BLUE** ink and notarized
5. Follow up with Delaware Health Care Commission at DHCC@Delaware.Gov prior to the application due date to ensure a complete application packet was submitted on time.

Delaware Loan Repayment Program is not responsible for submitting paperwork to Lenders. Applicant must work with lending institutions to ensure this Loan Verification Form is submitted to Delaware Health Care Commission on or before the application due date and the Lender is a registered vendor in the State's financial system. Outstanding Loan Verification Forms received after the application due date are ineligible for consideration in this program special exceptions may apply in times of a public health crisis.





Section I: Applicant (Healthcare Professional)

Name and address of Loan (Lending) Institution and/or Federal, State, or Other Government Program:

Applicant Name:

Loan Institution:

Remit Address:

Date of Loan:

Account Number:

Original Amount of Loan:

Number of Payments Made:

Current Balance:

Date of Balance:

Payment Amount:

Purpose of Loan (as indicated on the original loan application):





Loans eligible for Federal loan consolidation are eligible for repayment if obtained for the purpose of meeting the borrower's direct costs of attending undergraduate or graduate school, a school of dentistry, a school of medicine, or a school of osteopathy. Direct education costs include tuition, fees, books and supplies, living expenses, and other items normally associated with the cost of attendance for an academic year as defined by the US Department of Education's Student Aid Handbook.

Loans not eligible for Federal loan consolidation will be considered if documentation is presented that establishes the proceeds from the loans were used to meet direct education costs. Credit card debt is ineligible for repayment.

Delaware Loan Repayment Programs will only pay toward the educational costs associated with a health professional degree, and a determination will be made of the proportion of a consolidated loan that will be paid for successful applicants.

Issuance of payments associated with approved loan repayment awards will be distributed directly to the authorized lending institution listed in this application. Note, payments are issued on a 12 month incremental basis for SLRP participants and on the payment due date for HCPLRP participants.





Applicant Certification:

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Delaware Loan Repayment Program for repayment of educational loans, incurred solely for the costs of education in an undergraduate or graduate school, a school of medicine or a school of osteopathy (for tuition, educational expenses or living expenses from a college, university, government or commercial source). I hereby authorize the financial institution or Government named above to release this information about the loan listed above to the administrator of the Delaware Loan Repayment Program.

WARNING: Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal or state official, fraudulently obtains repayment for a loan under this agreement or commits any other illegal action in connection with this transaction may be subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

Applicant's Signature: _____

Date Signed:

Date Application Submitted to Lender:





Section II: Loan Verification (must be completed by Lending Institution)

Dear Lender:

The individual identified on this form has applied to participate in Delaware Loan Repayment Program. The program is designed to improve recruitment and retention of health care providers in underserved areas of Delaware. The individual identified in this application states that, to the best of his or her knowledge, the loan information provided in Section I is a bona fide legally enforceable commercial, Federal, State, or government educational loan. Obtained for the purpose of meeting the borrower’s cost of attending undergraduate, graduate, or school of dentistry, medicine, or a school of osteopathy (for tuition, educational expenses, or living expenses from a college, university, government or federally bonded commercial source).

I am requesting that your institution actively review and complete for loan compliance, **sign Section II in this application, and submit** the information requested as soon as possible to the following organization:

Department of Health and Social Services
c/o Delaware Health Care Commission
ATTN: Loan Repayment Programs
Herman M. Holloway Sr. Campus
Main Administrative Building - 1st Floor, Room H107
1901 North DuPont Highway; New Castle, Delaware 19720
Email: DHCC@Delaware.Gov
Phone: (302) 255 - 4750 • Fax: (302) 255 - 4751

Retain a copy of this form for your records.



Delaware requests verification of financial information submitted in Section I of this Loan Verification Form. According to your records, include any corrections in the “comment” space provided below, and attach clearly identifiable system generated printouts as proof of the applicant’s loan information.

Note: *In the event of a State and/or Federal audit, the certifying agent and/or organization below is held answerable for all inquiries.*

Comments:

[Large empty gray box for comments]

- Lending institution is located in the United States of America: Yes No
- Lender is subject to Federal/State Exams & Certifications: Yes No
- Applicant Loans are in Good Standing: Yes No
- Applicant Loans are Delinquent: Yes No
- Supporting Attachments Included: Yes No
- Total Number of Pages Attached:

Verify the following information with your Fiscal or Accounts Payables Department. Failure to comply with this request may delay payments for an additional 3-6 months. This Lending Institution must have a registered W-9 Form with the State of Delaware, eSupplier database (<http://mymarketplace.delaware.gov/resources/vendor.shtml>), and as such, an active ten-digit vendor identification number:

The ten-digit vendor identification number will be provided once registration with our eSupplier database is complete. Please ensure the correct payment address is added to this database, as well as select the option to receive payment via check.

Contact the State of Delaware at (302) 526 - 5600 for assistance updating the accounting information and/or remittance address.

The ten-digit vendor identification number is NOT the same as your federal Tax-ID.



Lender Certification

I am an authorized financial representative of the mentioned Lending Institution in Section I of this Loan Verification Form. I hereby certify accuracy of the loan information contained within this document, as corrected by my notations and/or comments, and within any supplemental documents provided as a result of this verification. In the event of an inquiry, the information below, and contained in this request, will be provided to the inquiring party.

Applicant Name (Loan Recipient):

Loan (Lending) Institution:

Payment/Remittance Address:
(verify eSupplier has this address)

Date of Loan:

Account Number:

Original Amount of Loan:

Number of Payments Made:

Current Balance:

Date of Balance:

Payment Amount:

Purpose of Loan
(as indicated on the original loan application):

Total Amount of Loan Per Account Number:

Total Amount of Loan Per Account Number:

Total Amount of Loan Per Account Number:

Signature: _____
Lending Institution Representative

Title: _____
Financial Manager

Name:

Date:

Address:

Phone: [Phone]

Email: [E-mail]



Section III: Notary (send original to DHCC – 1901 N. DuPont Highway, New Castle, Delaware 19720)

Delaware Health Care Commission

Request to Release Personally Identifiable and Confidential Information

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) and authorize the State of Delaware, Department Health and Social Services, Office of the Secretary, Delaware Health Care Commission (Delaware), acting in an administrative capacity for Delaware Loan Repayment Programs, to receive requested confidential or non-confidential information concerning my educational loan account(s) and other “non-directory” information pertinent to my loan repayment application. Consent is deemed continuous unless revoked by me in writing. Educational and loan institutions below are directed to release all needed information to Delaware as requested by the applicant or organization identified in this letter. Check all that apply:

Educational Institutions (School)

- Philadelphia College of Osteopathic Medicine (PCOM)
- Temple University Maurice H. Kornberg School of Dentistry
- Thomas Jefferson, Sidney Kimmel Medical College (SKMC)

Other 1:

Other 2:

Applicant’s PRINTED Name

Applicant’s Signature (use BLUE ink)

Lender/Loan Institution/Guaranty Agency

- American Education Services (AES)
- Navient
- Mohela/SoFi
- U.S. Department of Education

Sallie Mae

Other 1:

Other 2:

Social Security Number

Notary Signature/Date