

Loan Repayment Assistance Program (LRAP)

Application For Benefits Through January 2020

CLERKSHIP PUBLIC INTEREST GOVERNMENT

NAME _____ SSN _____ CLS GRADUATION DATE _____

MAILING ADDRESS _____

BUSINESS ADDRESS _____

TELEPHONE (HOME) _____ TELEPHONE (BUSINESS) _____ EMAIL _____

ARE YOU WILLING TO BE CONTACTED BY COLUMBIA LAW SCHOOL GRADUATES AND STUDENTS REGARDING YOUR JOB? YES (HOME WORK) NO

EMPLOYER _____ DATES OF EMPLOYMENT (FROM _____ TO _____)

JOB TITLE _____ SALARY _____ OTHER INCOME: TAXABLE _____ NON-TAXABLE _____

EMPLOYMENT STATUS FULL-TIME PART-TIME (IF PART-TIME, PROVIDE NUMBER OF HOURS PER WEEK _____)

AREA OF SPECIALIZATION/JOB DESCRIPTION _____ DATE OF BIRTH _____

Do you have any relationship with a private law firm (e.g., deferred offer of employment, compensation for work in public interest/service, delayed start date, etc.)? NO YES: If yes, provide name of firm: _____

Do you have minor dependents? YES NO

SPOUSAL SALARY _____ NON-TAXABLE INCOME _____ OTHER TAXABLE INCOME _____

If your spouse's income is higher than your income and you are applying for LRAP loan assistance, please submit documentation of spouse's current monthly repayment obligations for student loans in his/her name issued by lender(s).

If you and your spouse file separate tax returns, please include a copy of your spouse's federal income tax return with all schedules and W-2 forms.

Participation in the Program is contingent upon maintaining "current" status on all educational debts. Default status will automatically terminate participation in the Program; delinquent status will suspend participation in the Program until delinquency is resolved. LRAP assistance will not be calculated retroactively.

To remain in the Program, you must submit a new application **each year**, by the due date, even if you are no longer eligible to receive LRAP loan assistance. Graduates in LRAP eligible employment will continue receiving forgiveness of their exiting LRAP loans, only if they submit and complete the renewal application annually. It is your responsibility to maintain contact with the Financial Aid Office and to inform the Office of any changes in your employment, salary, address, or eligibility.

To Apply for LRAP Loan Forgiveness Only (In qualifying employment, but no longer eligible for LRAP loan assistance)

- Complete this page of the application and submit a current paystub or letter from your employer verifying your position. Loan documentation and tax returns are not necessary.
- Complete the Employment Verification Form (To be completed by the LRAP participant and his/her employer)
Please note: If you do not submit the completed Employment Verification Form by the required deadline, you will be issued a tax form 1099-Misc in January 2019 for all amounts forgiven in 2018.

To Apply for LRAP Loan Assistance

- **1st Time Applicants:** Apply at least **one month** before qualifying employment begins. (Note for 2018 Graduates: Submit documentation of your monthly repayment obligations as they become available. LRAP assistance will begin when your loan(s) become due.)
 - **Continuing Applicants:** Apply by **November 15** for the following calendar year.
 - **All Applicants:** Must complete both sides of this application form and attach the items indicated below. All items indicated below are required annually with each reapplication.
- A signed copy of your 2017 federal income tax return with all schedules and W-2 forms. *Please disregard if you previously submitted a copy of your 2017 taxes for LRAP purposes.*
 - A letter from your employer stating your current position, salary, and employment start date. *If continuing in the Program, and remain with the same employer, you may substitute a recent pay stub in lieu of the letter.*
 - Documentation of current monthly repayment obligations for your student loans issued by your lender(s). *All amounts should be based on a repayment term ending ten-years from your date of graduation.*
 - The completed Employment Verification Form (To be completed by the LRAP participant and his/her employer). **Please note: If you do not submit the completed Employment Verification Form by the required deadline, you will be issued a tax form 1099-Misc in January 2019 for all amounts forgiven in 2018.**
 - Page One of the W-9 Form (To be completed by the LRAP participant). *This form is required by the University Controllers Office in order to issue checks and for record keeping purposes.*

Regular Disbursement Dates for Continuing Participants Completing Renewal Application by November 15

- January 2019: for the period February 2019 through July 2019
- July 2019: for the period August 2019 through January 2020
 Please Note: A copy of your 2018 federal return with all schedules and W-2 forms must be submitted before your July 2019 check will be issued.
- Please allow 4-6 weeks for processing and check issuance.

Summary of Educational Indebtedness

Personal loans not certified by the Financial Aid Office should not be included in the totals below. Debt incurred after Columbia Law School is not covered by the Program. Bar exam loan debt for up to a maximum of \$10,000 in borrowing per participant for bar-related expenses is considered LRAP eligible debt. You must attach current documentation of your repayment obligations issued by the lender, indicating monthly payment amount due for each loan.

- Loan: Stafford, Graduate PLUS, Perkins, Columbia University Loan, private, bar exam, etc.
- Lender: Name of the lender from which you borrowed
- Date of Loan: Academic year in which loan was taken (i.e., 8/17-5/18)
- Original Debt: Principal amount of loan originally borrowed
- Balance Remaining: Total amount still owed, including any accrued interest
- Date of 1st Payment: Date lender requested 1st payment (for 1st-time applicants and those returning from a deferment)
- Payment Schedule: M = Monthly Q = Quarterly
- Payment Amount: Amount of each payment due on this loan based on a repayment term ending ten-years from the graduation date

Undergraduate Debt

Loan	Lender	Date of Loan	Original Debt	Balance Remaining	Date of 1st Payment	Payment Schedule	Payment Amount

Law School Debt

Loan	Lender	Date of Loan	Original Debt	Balance Remaining	Date of 1st Payment	Payment Schedule	Payment Amount

I confirm that I have read and understood all of the above information and that, to the best of my knowledge, the information I've provided on this application is true and correct. I will notify the Financial Aid Office immediately of any changes in this information. I further understand that all funds provided to me through the Program will be used solely for the purposes of repaying loans covered by the Program. If I fail to repay my loans as outlined above, I will be asked to repay funds received through the Program.

SIGNATURE (*Original signature required*) _____ DATE _____

PRINT NAME _____

Employment Verification Form for LRAP Application

Part 1: To be completed by applicant

NAME (PRINT) _____

I AUTHORIZE MY EMPLOYER AT _____ TO PROVIDE
THE INFORMATION TO COLUMBIA LAW SCHOOL AS REQUESTED IN PART II OF THIS LOAN REPAYMENT ASSISTANCE PROGRAM PARTICIPATION FORM.

APPLICANT SIGNATURE (*Original signature required*) _____ DATE _____

Part 2: To be completed by employer and submitted to address above

JOB TITLE OF LRAP APPLICANT _____

DATES OF EMPLOYMENT _____ ANNUAL SALARY _____

EMPLOYMENT STATUS FULL-TIME PART-TIME (IF PART-TIME EMPLOYMENT, PLEASE PROVIDE THE FOLLOWING INFORMATION)

THE EMPLOYEE'S NUMBER OF HOURS/WEEK DURING HIS/HER PART-TIME SCHEDULE _____

THE EMPLOYEE'S PERIOD OF PART-TIME EMPLOYMENT FROM (_____ / _____ / _____) TO (_____ / _____ / _____)

THE NUMBER OF HOURS/WEEK THAT CONSTITUTES A FULL-TIME POSITION AT YOUR WORKPLACE _____

ANNUAL SALARY IF EMPLOYEE WERE EMPLOYED ON A FULL-TIME BASIS _____

EMPLOYER STATUS (PLEASE CHECK THE APPROPRIATE BOX BELOW. THIS INFORMATION IS NECESSARY FOR TAX REPORTING PURPOSES)

1. U.S. GOVERNMENT/PUBLIC AGENCY: FEDERAL STATE CITY OTHER: _____
2. NON-U.S. GOVERNMENT/PUBLIC AGENCY: MULTINATIONAL NATIONAL STATE/PROVINCIAL LOCAL OTHER
3. U.S. NON-PROFIT [501(C)(3)]
4. PRIVATE, FOR-PROFIT ORGANIZATION: U.S. NON-U.S.
5. OTHER NON GOVERNMENT ORGANIZATION (NGO): U.S. NON-U.S.
6. OTHER: _____

PLEASE PROVIDE INFORMATION ON BENEFITS ASSOCIATED WITH THIS POSITION (E.G., HOUSING OR FOOD ALLOWANCES, RELOCATION BENEFITS, BONUSES, ETC.)

Person completing this form

NAME (PRINT) _____

TITLE _____

SIGNATURE (*Original signature required*) _____ DATE _____

NAME OF EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE NUMBER _____

EMPLOYER EMAIL _____