

Albany Law School  
**LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP)**

Application Deadline: March 31, 2021

***Part A - Applicant Information***

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last, First, MI*

Previous Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*(if applicable)*

Address: \_\_\_\_\_ Telephone (H): \_\_\_\_\_  
\_\_\_\_\_  
(W): \_\_\_\_\_

Email: \_\_\_\_\_ Albany Law School Grad. Date: \_\_\_\_\_

Marital status: \_\_\_unmarried \_\_\_married

Name of spouse/domestic partner: \_\_\_\_\_

Is this your first LRAP application? \_\_\_yes \_\_\_no Year first applied: \_\_\_\_\_

Are you currently eligible for/receiving funds from any other loan repayment assistance program? If so, explain the source and amount of funding.

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***Part B - Dependent Certification***

List below the dependents whom you support and claim on your Federal Income Tax Return.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Age \_\_\_\_\_

**Part C - Financial Information**

		<u>Applicant</u>	<u>Spouse/ Domestic Partner</u>	
<b>Income:</b>	Total wages earned (2020)	_____	_____	
	Total projected wages (2021)	_____	_____	
	Other taxable & nontaxable income:	Gifts	_____	_____
		Alimony	_____	_____
		Child Support	_____	_____
		Capital Gains	_____	_____
		Interest Income	_____	_____
		Dividends	_____	_____
		Trust Income	_____	_____
	Housing, food and clothing allowances for Military Personnel	Other	_____	_____
			_____	_____
	<b>Assets:</b>	Cash, savings, and checking accounts	_____	_____
		Real estate (other than primary residence	_____	_____
Trust funds		_____	_____	
Money market funds		_____	_____	
Mutual funds		_____	_____	
Certificates of deposit		_____	_____	
Stocks		_____	_____	
Stock options		_____	_____	
Bonds		_____	_____	
College savings plans		_____	_____	
Installment and land sale contracts		_____	_____	
Commodities		_____	_____	
Net worth of business and/or investment farm		_____	_____	
Interest in annuity or life insurance policy (being named a beneficiary in a life insurance policy shall not be considered an asset)		_____	_____	
Assets in an individual retirement account (amount in an account recognized for preferential treatment under the Federal Internal Revenue Code that <i>exceeds</i> the amount allowed by the Federal Code, deposited <i>since</i> graduation from law school)		_____	_____	

**Part D - Certification of Educational Loan Debt**

**NOTE: This list MUST be accompanied by your most recent loan statements, which indicate your balance, monthly payment, and loan status.** Loans eligible for repayment assistance include any Federal Stafford Loans, Federal Grad PLUS Loans, Federal Perkins Loans, or private educational loans certified by the Albany Law School Financial Aid Office. Educational debt owed to family, friends, or non-institutional sources does not qualify. **An applicant in default on any educational loan is not eligible for assistance.**

**1) Applicant's Law School Loans**

Loan Type	Servicer	Outstanding Balance	Monthly Payment	Status (Repayment, deferment, Forbearance)	Current? (Yes/No)

**2) Applicant's Loans Borrowed While Attending Other Institutions**

Loan Type	Servicer	Outstanding Balance	Monthly Payment	Status (Repayment, Deferment, Forbearance)	Current? (Yes/No)

**3) Spouse's/Domestic Partner's Educational Loans**

Loan Type	Servicer	Outstanding Balance	Monthly Payment	Status (Repayment, Deferment, Forbearance)	Current? (Yes/No)

**Part E - Certification**

- I understand that my application must be submitted with the following documents:
  - \_\_\_ Copy of applicant's (and spouse's/domestic partner's) signed 2020 federal income tax return and W-2's.
  - \_\_\_ Copies of applicant's (and spouse's/domestic partner's) most recent statement from each lender.
  - \_\_\_ Completed Employment Verification Form.
  
- I/We certify that loans listed on this application are currently in good standing.
  
- I/We agree to notify the Albany Law School Financial Aid Office of any changes to my/our personal or financial situation, including changes in employment, income, address, marital status, etc. within one month of the occurrence.
  
- I/We certify that all of the information submitted on this application is true and complete to the best of my/our knowledge.
  
- I/We understand that failure to provide all requested information in compliance with program guidelines and deadlines will result in my/our ineligibility to receive benefits under this program.
  
- I agree that all funds received from the Albany Law School LRAP will be used solely for the purpose of repaying my outstanding law school loans.

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Spouse's/Domestic Partner's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Return your completed form and all required documentation to:

Albany Law School  
Financial Aid Office  
80 New Scotland Avenue  
Albany, NY 12208

Telephone: (518) 445-2357  
Fax: (518) 472-5889  
Email: [awedl@albanylaw.edu](mailto:awedl@albanylaw.edu)

Albany Law School  
**LOAN REPAYMENT ASSISTANCE PROGRAM (LRAP)**  
**EMPLOYMENT VERIFICATION FORM**

***Part A - Applicant Section***

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (employer) to provide the Albany Law School Financial Aid Office with the information requested in Part B and such other information concerning my employment as the institution may request.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Part B - Employer Section***

The above-named employee has applied for the Albany Law School Loan Repayment Assistance Program. Please complete the following information and return this form to: **Albany Law School, Financial Aid Office, 80 New Scotland Avenue, Albany, NY 12208 by March 31, 2020.** Please contact us at (518) 445-2357 with any questions. Thank you.

Job Title of Employee: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Does the employer provide loan repayment assistance to the applicant?  No  
 Yes: \$ \_\_\_\_\_ /year

Brief Summary of Employee's Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the employer have IRS 501(c)(3), (4), or (5) status?  No  Yes \_\_\_\_\_ Number

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

*I certify that the information provided above is true and complete to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_