LOAN INFORMATION AND VERIFICATION FORM

THE MONTANA RURAL PHYSICIAN INCENTIVE PROGRAM

MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION
560 North Park Avenue
Helena, MT 59620

The following information must be provided for each individual loan you are submitting for repayment consideration under the Montana Rural Physician Incentive Program. Print clearly or type completely to help expedite verification. Please note that incomplete information may delay verification of your loan(s). Once the lending institution has completed their section of the form, please attach a current statement of account to the completed forms and submit with your application materials.

APPLICANT: PLEASE COMPLETE ONE COPY OF THIS FORM FOR EACH LOAN YOU ARE SUBMITTING FOR REPAYMENT CONSIDERATION UNDER THE MONTANA RURAL PHYSICIAN INCENTIVE PROGRAM (MRPIP). PLEASE PRINT CLEARLY AND BE SURE TO COMPLETE ALL OF PART A TO EXPEDITE VERIFICATION. **UPON COMPLETION OF PART A, SEND THIS FORM TO YOUR LENDER TO COMPLETE THE VERIFICATION CONTAINED UNDER PART B AND HAVE THEM RETURN THE COMPLETED FORM BACK TO YOU. THEN SUBMIT BOTH COMPLETED FORMS (PART A AND PART B) WITH YOUR CURRENT STATEMENT OF ACCOUNT AND APPLICATION MATERIALS TO THE OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION (OCHE).**

LENDING INSTITUTION: PLEASE COMPLETE PART B ON THE NEXT PAGE OF THIS FORM AND RETURN TO THE APPLICANT IDENTIFIED IN PART A.

PART A – TO BE COMPLETED BY APPLICANT

I. APPLICANT AND LENDING INSTITUTION INFORMATION:

Applicant Last Name	First Name	Middle Name	Birthdate	Social Security Number

Address (Street and/or PO Box)	City	State	Zip	Telephone Number

Lending Institution Name	Telephone Number	Fax Number	Loan Account Number

Address of Lending Institution (Street and/or PO Box)	City	State	Zip

II. LOAN INFORMATION:

Purpose of Loan: _____ Type of Loan: _____
(As indicated on loan application) (Stafford, Health Professions, etc.)

Loan Account Number: _____ Original Date of Loan: _____

Original Amount of Loan: _____ Current Balance: _____

Current Balance Date: _____

Is this a consolidated loan?* ☐ Yes ☐ No

***FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS:** If you have consolidated your loans for undergraduate and graduate education costs, you must attach documentation outlining the individual loan numbers, loan dates, and loan amounts that were consolidated into the new loan.

WARNING: Any person, who knowingly makes a false statement or misrepresentation in this loan repayment transaction, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to repaying any amount received from this program plus 8% interest. I have read this statement and understand its contents.

CERTIFICATION AND ACCOUNT AUTHORIZATION BY APPLICANT:

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Office of the Commissioner of Higher Education for repayment towards the medical education loans I have submitted with my application hereof. These loans were incurred solely for the costs of medical education. **I hereby authorize the financial institution named in Section I from above to release all loan account information to the Montana University System, OCHE for purposes of my participation in the Montana Rural Physician Incentive Program (MRPIP) from this point forward throughout the duration of my loan repayment program participation as necessary.**

_____ _____
Signature of Applicant Date

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PART B – TO BE COMPLETED BY LENDING INSTITUTION

The individual identified on the first page of this form has applied to participate in the Montana Rural Physician Incentive Program (MRPIP) and states that, to the best of his/her knowledge, the loan information provided is a bona fide legally enforceable commercial, state, government, or private educational loan (no personal loans) made for the purpose of meeting the borrower's costs of attending a school of medicine or osteopathic medicine. Please verify this information according to your records by completing the information below.

Account Holder Name: _____

Account Number: _____

Original Amount of Loan: _____
(For consolidations, please include details regarding the original loans/amounts included in consolidation.)

Original Date of Loan: _____
(For consolidations, please include details regarding the original loans/dates included in consolidation.)

Current Loan Balance: _____

Lending Institution/Loan Servicer*: _____
(Payment Address) (Name)

_____
(Mailing Address)

_____ _____ _____
(City) (State) (Zip)

_____ _____
(Telephone) (FAX)

_____
(Federal Tax ID Number)

***LENDER – SUBMIT COPY OF W-9 WITH VERIFICATION FORM (required for Payment Processing)**

Person to contact regarding current loan balance prior to disbursements:

_____
(Name)

_____
(Department)

_____
(Telephone)

Comments:

I hereby certify to the accuracy of the loan information contained on the first page of this form or as provided by the above notations and comments.

_____
(Signature)

_____
(Title)

_____
(Date)

PLEASE RETURN THIS FORM TO THE APPLICANT IDENTIFIED IN PART A ON THE PREVIOUS PAGE.