

haas APPLICATION

LRAP

LOAN
REPAYMENT
ASSISTANCE
PROGRAM
FOR PUBLIC SERVICE OR
NONPROFIT SECTOR EMPLOYMENT

Application is for the following term:
December 2009 (for payments made Jul 09- Dec 09)

BIOGRAPHICAL INFORMATION

Name _____
FIRST MIDDLE LAST

Social Security Number _____

Date of Graduation from Haas _____

Current Address

Email Address _____

NUMBER STREET APT NO.
CITY STATE ZIP

Current Cell Phone (_____) _____

Current Work Phone (_____) _____

Marital Status:

Single Married Divorced Widowed California Registered Domestic Partner

As reported on your 2008 Federal Tax Return (return filed in 2009):

Number of dependent children _____ Age(s) of dependent child(ren) _____

Number of persons (non-children) listed as dependents _____ Relationship to you of other dependents _____

Two references who always will know where to contact you (e.g., relatives or friends):

	Reference 1	Reference 2
Name (first, last)		
Address (number and street)		
Address (city, state, zip)		
Phone		

LOAN INDEBTEDNESS INFORMATION

Loan Source	Principal Loan Amount	Monthly Payment**
Federal/ Direct Loans		
Subsidized		
Unsubsidized		
Grad PLUS Loan		
Perkins Loan		
Private Educational Loans		
TOTAL DEBT		

** Calculation for Federal/ Direct Loans based on Standard (ten-year) Repayment Plan Formula shown below:

Monthly = Total loan debt x 0.0122653
Payment

Note: Perkins Loans and Private loans must be calculated separately. Please check Loan Disclosure Statement from your lender for interest rates and monthly repayment terms.

FINANCIAL STATEMENT AND PERSONAL INFORMATION

Please report all taxable and non-taxable income for January through December 2008. If you are married, or partnered, your spouse's income must be reported. You will be expected to provide federal income tax returns and W-2 statements for 2008 in order to verify the accuracy of this information. Also, provide a copy of your most recent pay stub which indicates year-to-date earnings.

	LRAP Applicant	Spouse
Wages and salaries:		
Overtime/Bonus/Commissions:		
Untaxed income:		
Interest and Dividend income:		
Business income:		
Alimony/Child support:		
Unemployment compensation:		
Rental income:		
Trust fund income:		
Other income (please specify):		
TOTAL 2008 INCOME:		

Assets & Investment Value (Equity)
\$ _____
(Do not include retirement accounts)

EMPLOYMENT INFORMATION

Please complete this information as accurately as possible. If you are married, or partnered, please provide information regarding your spouse's employment.

	LRAP Applicant	Spouse
Employer		
Address (number and street)		
Address (city, state, zip)		
Phone		
Name of supervisor		
Starting date of employment		
Full-time or part-time	<input type="checkbox"/> full-time <input type="checkbox"/> part-time, no. of hours _____	<input type="checkbox"/> full-time <input type="checkbox"/> part-time, no. of hours _____
Annual Salary		
Brief job description:		

CERTIFICATION

I certify that all of the information provided on this form is true and complete to the best of my knowledge. I agree to provide verification of the information that I have supplied on this form if requested by the Haas School of Business or the Program Administrators.

Applicant's signature: _____ Date: _____

Spouse's signature: _____ Date: _____



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EMPLOYER VERIFICATION

To the Employer: Please complete this information as accurately as possible. **Please attach a published copy of the employee's job description.** The information you are providing will enable us to determine whether the employee's job meets the Qualifying Employment requirement for Haas School of Business LRAP.

Employer	
Address (number and street)	
Address (city, state, zip)	
Phone	
Employee's Name	
Employee's Title	
Name of Employee's Supervisor	
Employment Starting Date & Ending Date (if applicable)	
Does Employee Work Full-time or Part-time?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, no. of hours _____
Annual Salary	
Brief Job Description:	
Please describe the skills required for this position:	

Form completed by:

Name (print): _____ Title: _____

Signature: _____ Date: _____