

APPLICATION FOR ASSISTANCE (2014)

Please read the LRAP Program Guidelines before completing this application!

Name:_____

LRAP 2014 Application Instructions:

- Please carefully read the LRAP program Guidelines and the FAQs found on our website at www.dcbarfoundation.org. If you still have questions, please email lrp@dcbarfoundation.org.
- Make sure every question is fully answered on this application and on the School Loan Information Form.
- Please write legibly or type your application.
- Your application must include ALL of the following for it to be considered complete. Please INITIAL each item.:

_____ Application for Assistance Form

_____ Signed Applicant Certification

_____ Employer Certification Form

_____ Current Resume

_____ School Loan Information Form

_____ Loan Statements¹/Lender(s) Verification Forms (Lender verification forms MUST be submitted to DCBF before receipt of award, but do not have to be included in the application package. Submit a loan statement in the loan package)

_____ Payment History of all loans considered for LRAP14 (July-September 2013, October if available)

_____ 2012 Federal and State Income Tax Forms²

- This application package may be mailed or emailed (to lrp@dcbarfoundation.org) but must be received **no later than 5:00 p.m. November 5, 2013** at the DC Bar Foundation, LRAP, 1420 New York Avenue NW, Suite 650, Washington, DC 20005-6210.
- **NO FAXES OR HAND DELIVERIES PLEASE!**

¹ A recent loan statement from each Lender is sufficient for purposes of this application. The Lender Verification Forms must be completed and returned by each Lender before a candidate may participate in the Program.

² If you did not receive any income in 2012 and thus did not file a tax return, please submit documentation from the Internal Revenue Service verifying your status.

Instructions (continued)

- **You will receive a confirmation email when your application has been processed, please allow at least 48 hours for processing.**

Supplemental Materials

Loan Statements and Lender Verification Forms

Please send the Lender Verification Form to your lenders ASAP. Your application is considered complete at the time of submission with a Loan Statement, but in order to receive your 1st award disbursement in January of 2013, Lender Verification Forms **MUST** be received for each loan submitted for LRAP funding.

Payment History

Please provide a payment history for all loans submitted for LRAP funding for 3 months, preferably 4 if October payments have been made. Your payment history should demonstrate regular payments made on LRAP eligible loans. **Please see the FAQs for more details.**

Tax Returns

Please submit **both** your Federal **AND** State Tax Returns. We do not ask for a W-2 or pay stubs.

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I. Personal Information

Name: _____ Home Tel: _____
Home Address: _____ Work Tel: _____
_____ Cell phone: _____
SSN: _____ Email³: _____
Law School: _____ Graduation Date: _____

II. Bar Admission Status

- A. Are you a member of the District of Columbia Bar?
- B. If you are not currently a member of the District of Columbia Bar, please describe your status (e.g., date of exam, date, of application, Rule 49 status, etc.)
- C. Please provide the state(s) and date(s) of all law license(s) including DC:
- D. If you are not currently licensed in any state, please explain (use separate sheet if necessary):

III. Residency and Income

- A. Do you reside in the District of Columbia? Yes: _____ No: _____

(NOTE: Some, but not all, of the LRAP funds require recipients to be DC residents for the full 12 months of the loan. This means you must be a resident of the District of Columbia from January 1 through December 31 of the year in which you are receiving LRAP. See the LRAP Program Guidelines for more detail. If you are a DC resident but do not wish to be considered for the residency limited program OR if you are a DC resident and plan to move, please let us know.)

- B. Please insert your Adjusted Gross Income (AGI) for 2012 Tax Return _____

(This is located on your 2012 Tax Return)

³ Provide the e-mail address at which you would prefer to receive correspondence.
LRAP 2014 Application for Assistance Form

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IV. Employment Information

Employer*: _____

Employer's Address: _____

Job Title: _____

Salary: _____

Start Date**: _____

Is this position full-time [☐] or part-time [☐]? If part-time, how many hours per week? _____

Is a law school degree required for your position? Yes _____ No _____

****Employers must be on the DCBF eligible employer list. If your employer is not on the list, the employer must request inclusion in writing by October 22, 2013. See the Program Guidelines for further instructions. .***

*****If you are not currently employed by a qualifying employer, please complete the above information for your prospective qualifying employer. An applicant who submits an application based on his or her present plan to secure eligible employment may be approved for loan repayment assistance if the applicant demonstrates that he or she will hold eligible employment within ninety (90) days after the application is approved and the loan is awarded.***

V. Loan Information

A. Please list your **total (including undergraduate, graduate, law school) debt**:

B. Please list your **total, current LAW SCHOOL debt (principal and interest)**:

C. Please list your **original law school debt**: _____

D. Please list your total monthly loan payment: _____

(If you are a recent graduate and under a grace period, please provide an estimation.)

- **PLEASE FILL OUT THE SCHOOL LOAN INFORMATION FORM ENTIRELY. THIS FORM MUST BE FILLED OUT FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE.**
- **PLEASE SUBMIT A 3 MONTH PAYMENT HISTORY. (JULY-SEPTEMBER, OCTOBER IF AVAILABLE)**

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VI. Other Loan Forgiveness Programs and Scholarship Service Obligations

A-E. You are required to explore all loan repayment options available to you, and that you have applied for all programs for which you are eligible. **It is your individual obligation to confirm whether your school(s) or employer have loan repayment programs, and to confirm your eligibility for any other loan repayment programs.** Please check all that apply below.

	I applied to program	I did not apply to program	No loan repayment program available	Not Eligible
A. Law school LRAP				
B. Other schools LRAP				
C. Employer LRAP				
D. Fellowship or other program LRAP				
E. Income-Based Repayment or CCRA				

For questions VI.A – VI.E, please provide the name of the program, status of your application, and the amount of assistance you are or anticipate receiving. If you are eligible for a program, but have not applied or are not receiving assistance, you must explain on a separate sheet. NOTE: It is your obligation to confirm whether your school(s), employer, or other organization has an LRAP.

F. Did you receive any scholarships, fellowships, grants, awards or other educational funding for which you are currently or will in the future be required to satisfy a service obligation?

Yes _____ No _____

If you answered yes to question IV.F, please provide additional information on a separate sheet regarding the award/fellowship and the terms of the service obligation, if any.

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VII. Other Circumstances

Please tell us any other circumstances that should fairly be considered in reviewing your application, including additional information regarding your personal circumstances or financial need. Attach a separate sheet.

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Applicant Certification

Please initial each statement below:

_____ I am submitting this information in application for assistance through the DC Bar Foundation District of Columbia Poverty Lawyer Loan Repayment Assistance Program.

_____ I certify that the loans listed on the LRAP School Loan Information Form are in good standing, and that the amount of my law school debt is separately noted.

_____ I agree to promptly notify the DC Bar Foundation in writing within **30 days** of any changes to my income, residency, employment, monthly loan repayment amounts or loan status.

_____ I understand that failure to provide all requested information in compliance with program guidelines and deadlines may result in my ineligibility to receive benefits under this program.

_____ I certify that I have read the Guidelines for the DC Bar Foundation Poverty Lawyer Loan Repayment Assistance Program and for the DC Poverty Lawyer Loan Assistance Repayment Program, and understand that any assistance that I receive is subject to and governed by these Guidelines. I understand that these Guidelines may be modified in the future.

_____ I certify that the information in this form and the attachments is true and complete to the best of my knowledge.

Signature _____ Date _____

District of Columbia Bar Foundation
District of Columbia Poverty Lawyer Loan Repayment Assistance Program
EMPLOYER CERTIFICATION FORM FY2014

PART A: To be completed by the Applicant

Applicant Name: _____

I hereby authorize my employer, _____, to provide the District of Columbia Bar Foundation with the information requested in Part B, in support of my application for assistance from the District of Columbia Poverty Lawyer Loan Repayment Assistance Program.

Applicant's Signature

Date

PART B: To be completed by the Employer.

Please provide the following information concerning the employment status of the individual identified above.

Employer: _____

Employer Address: _____

Employer contact: _____

Is your organization on the DCBF eligible employer list¹ or a non-profit organization eligible for funding by the DC Bar Foundation? Yes: ☐ No: ☐

Note: If your organization is not on the list or has not received funding from the DC Bar Foundation in 2013 or if you have any questions regarding whether your organization is eligible for such funding, please refer to Section 5(a) of the LRAP guidelines² regarding the process you need to follow. Eligible employer applications must be received by **October 22nd, 2013** for the applicant to be eligible for FY14 LRAP.

Information about Applicant:

Date of Hire: _____ Job Title: _____

Annual Gross Salary: _____ # of Hours/Week: _____

Is a law school degree required for this position? Yes: ☐ No: ☐

Authorized Signature

Date

Print Name

¹ Check DCBF website at www.dcbfoundation.org for the eligible employer list.

² Check our website for the LRAP guidelines.

**District of Columbia Bar Foundation
District of Columbia Poverty Lawyer Loan Repayment Program FY2014**

LENDER VERIFICATION FORM FOR EDUCATIONAL LOANS

PART A: To be completed by the Applicant

Applicant Name: _____ SSN: _____

I hereby authorize my lender, _____, to provide the District of Columbia Bar Foundation with the information requested in Part B regarding my educational debt, in support of my application for assistance from the District of Columbia Poverty Lawyer Loan Repayment Assistance Program. The LRAP program is intended to provide loan repayment assistance for eligible educational debt.

Applicant Signature

Date

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT THE LENDER SUBMITS THE VERIFICATION FORM BY THE APPLICABLE DEADLINE.

PART B: To be completed by the Lender

Please provide the following information concerning **all outstanding educational loans** owed by the individual identified above.

Loan Type: _____ Required Monthly Payment: _____

Original Amount Borrowed: _____ Purpose : _____

Current, total balance (including principal and interest): _____

First Payment Due: _____, 20__.

Current Loan Status (Check all that apply):

Repayment _____
Grace _____
Deferment _____
Forbearance _____
Past Due _____
Default _____

If in grace, deferral, or forbearance, -indicate
ending date: _____

Estimated Monthly Payment: _____

Lender Name: _____

Lender Address: _____

Telephone: _____

Authorized Signature

Date

If you have any questions, please contact the Director of Programs, DC Bar Foundation at (202) 467-3750, x. 13.

Return completed form to DCBF, 1420 New York Avenue NW, Suite 650, Washington, DC 20005-6210 or via fax at (202)-467-3753