

**NEBRASKA COMMISSION ON PUBLIC ADVOCACY  
LEGAL EDUCATION FOR PUBLIC SERVICE AND RURAL PRACTICE  
LOAN REPAYMENT ASSISTANCE PROGRAM**

2016 Application Packet

Applications are due in the office of the  
Nebraska Commission on Public Advocacy on  
November 2, 2015, by 5:00 p.m. CST

No Exceptions

Please read the attached information thoroughly. If you have questions, contact:

Rita J. Wesely  
Nebraska Commission on Public Advocacy  
140 No. 8<sup>th</sup> St., Suite 270  
P. O. Box 98932  
Lincoln, NE 68509-8932  
(402) 471-8088  
Email: [rwesely@ncpa.ne.gov](mailto:rwesely@ncpa.ne.gov)

In accordance with the Americans with Disabilities Act, the State would like to provide reasonable accommodation with respect to a payment application to persons with disabilities. If you need a reasonable accommodation, please contact the name/address listed above.

## **Program Application Checklist**

Have you included and assembled your application in the following order:

- Participant Information Form
- Program Narrative-Optional
- National Student Loan Data System (NSLDS) Documents ([www.nsls.ed.gov](http://www.nsls.ed.gov))
- United States Citizenship Attestation Form
- Service Agreement (Appendix A)
- Proof of Employment Form - For Employment by an Organization (Appendix B)
- Proof of Employment Form - For Self-Employment (Appendix C)
- Program Change of Information Form (Appendix D)(if necessary)
- Fee of \$25.00 made payable to Nebraska Commission on Public Advocacy

## **PROGRAM GUIDELINES**

### **INTRODUCTION**

The Nebraska Legislature revised Neb. Rev. Stat. §§ 7-201 to 209 to fund The Legal Education for Public Service and Rural Practice Loan Repayment Assistance Program (“Program”) to provide educational loan repayment assistance to attorneys who qualify for such repayments.

The purpose of the Program is to strengthen legal assistance for low-income persons by supporting the recruitment and retention of qualified attorneys, who: 1) are employed by tax-exempt charitable organizations performing such assistance, and/or 2) are employed in legal profession shortage areas in Nebraska.

The Nebraska Commission on Public Advocacy (“Commission”) has been designated to oversee the management of this Program and distribute such funds.

The Legal Education for Public Service and Rural Practice Loan Repayment Board (“Board”) Discretion and Guidance. The Board will meet at least annually to review applications for loan repayment assistance from qualified attorneys and make recommendations to the Commission for such assistance. The establishment, implementation or continuation of the Program is ultimately within the discretion of the Commission. The commencement date of this Program and the start of payments to qualified attorneys will be determined by the Board based on the availability of funds from the Program. The establishment and operation of this Program does not constitute an offer, promise or contract with any qualified attorney.

### **ELIGIBLE PARTICIPANTS**

- a. **Employment:** A Participant must be employed as an attorney by either a tax-exempt charitable nonprofit organization that is domiciled in Nebraska whose primary duties are public service or as a full-time attorney primarily serving in a designated legal profession shortage area. Full-time employment is defined as not less than 75 percent of a 40-hour work week for purposes of this Program.
- b. **Legal shortage area:** A designated legal shortage area is defined as “a rural area located within any county in Nebraska having a population of less than fifteen thousand inhabitants and not included within a metropolitan statistical area as defined by the United States Department of Commerce, Bureau of Census, and determined by the board to be under-served by available legal representation.” Neb. Rev. Stat. § 7-203.
- c. **Qualification:** A Participant is eligible to be considered for Program assistance if he or she:
  1. is a licensed attorney or becomes licensed within twelve months of becoming a Program Participant;
  2. is a U.S. citizen or an eligible non-citizen;

3. has an outstanding balance due on an eligible educational loan;
4. is not in default on a federally-guaranteed education loan;
5. submits a timely Program application and supporting documentation of eligible loans; and
6. meets all other criteria for loan eligibility, application, payment, and/or repayment assistance identified by the Commission to carry out the purposes of the Program.

d. **Financial:** The Program has no financial eligibility requirements. However, a Participant's salary and amount of debt are factors that will be taken into consideration when determining whether and how much assistance will be provided.

e. **Other Program assistance:** The Commission may use the Participant's receipt of assistance from other loan repayment assistance programs as a factor in the amount of assistance that will be given by the Program. All Participants are encouraged to apply to other loan repayment assistance programs as well as this one. To aid graduates in this process, attached to these Program Guidelines is a listing of other LRAP currently offering assistance. This list is subject to change without notice. Every Participant must research these programs on his or her own and cannot place any reliance on the list attached here.

### **LOAN ELIGIBILITY**

Undergraduate and graduate loans received toward a juris doctor degree, as well as law school loans, made, insured or guaranteed by a government unit or under a program funded in whole or in part by a governmental unit or nonprofit institution which were provided for the education of the Participant, are eligible for repayment. The term "qualifying loan" is understood to have the same meaning as "student loan" defined as follows:

- a. A loan made, insured, or guaranteed under part B of subchapter IV of chapter 28 of Title 20.
- b. A loan made under part C or D of subchapter IV of chapter 28 of Title 20.
- c. A loan made under section 1078-3 or 1087e(g) of Title 20.

Family, personal and credit card loans are excluded. Loans for other than educational purposes are also excluded. Further, the term "qualifying loan" is expressly understood not to include any of the following loans:

- a. A loan made to the parents of a dependent student under section 1078-2 of Title 20.
- b. A Federal Direct PLUS Loan made to the parents of a dependent student.
- c. A loan made under section 1078-3 or 1087e(g) of Title 20 to the extent that such loan was used to repay a loan described above.

### **SERVICE AGREEMENT**

As a condition precedent to the assistance in payment of any loan obligation under this Program, all eligible Participants must sign a Service Agreement (Appendix A).

## CONTRACT PERIOD

The Program award year is January 1 to December 31, 2016. The maximum annual loan amount that may be awarded to each approved Participant shall be determined annually, but cannot exceed \$6,000 per year, unless and until the Commission adjusts this amount as recommended by the Board, or an aggregate total of \$42,000 in the case of any Participant. The Commission may adjust the maximum loan amount annually to account for inflation and/or other relevant factors.

Once approved for loan assistance, there is a rebuttable presumption that a Participant will be given priority consideration to receive funding during the second and third years of the three-year service agreement, depending on the availability of funds. Renewal is not automatic and nothing shall obligate the Commission to renew assistance in the same (or greater) amount previously received by a Participant.

## PAYMENT INFORMATION

The Program assistance is provided in the form of loan repayment assistance. To receive loan repayment assistance, a Participant shall: 1) complete a year of employment with a qualified employer or as a full time attorney serving a designated legal profession shortage area; and 2) make educational debt payments (interest and/or principal) as promised to the lender during the award year. Funds awarded under the Program are a supplement to, not a substitute for, personal student loan obligations. That is, the purpose of this Program is to reduce the principal balance, or interest owed, on existing student loans. It is not to provide money to make monthly payments. **TO BE CLEAR**, any loan repayment assistance received by Participant must be paid to loan principal and interest and is not intended to be a monthly payment. Participants remain responsible for making regular student loan payments and must continue to make personal payments toward their qualifying loan to remain eligible for this Program in the future. Payments made on behalf of approved Participants cannot exceed the total qualifying loan balance. The Commission will not be held responsible for any late fees assessed by the lending institution. Therefore, the Participant will be responsible to ensure his/her monthly payment is paid in full and in a timely manner, especially if the payment is due on or before the Commission issues the payment. The maximum total life-time amount a Participant may receive under the Program shall be determined by the Commission based on funds available.

## APPLICATION PROCEDURES

Participants must complete and submit the required documentation and a non-refundable fee of \$25.00 made payable to the Nebraska Commission on Public Advocacy by the deadline for consideration. All information submitted in the application is confidential. Participants must re-apply and be approved each year.

## **LOAN DISTRIBUTION AND VERIFICATION OF ELIGIBILITY AND REPORTING REQUIREMENTS**

Assistance will be disbursed to a Participant in one check annually. The check will be disbursed to the Participant at the beginning of the Program year. As soon as possible, the Participant shall apply the full amount of the award received to his/her education loan debt and shall send proof of such payment to the Commission no later than 60 days from receipt of the award check.

The Participant shall verify eligible employment semi-annually and report to the Commission immediately any changes in employment status or debt eligibility.

Participants receiving Program funds will be required to submit the following by the 15<sup>th</sup> of the month following the end of each quarter during the year: Monthly Statement Due (either a copy of the monthly statement from the lending institution or a screen printout of an account) or copies of cancelled checks written (front and back). The Statement Due should show the name of the lending institution, name of Participant, balance of loan, payment due, payment due date, and remittance address, at a minimum, to assure that no loan is in default.

Regardless of the start date, the above documentation is due for normal quarters listed below:

Jan-Mar (due Apr 15)  
Apr-June (due July 15)

July-Sep (due Oct 15)  
Oct-Dec (due Jan 15).

Failure to submit proper documentation by instructed due dates may result in termination of service agreement and future funding.

**30 days from date of Award** = Returned signed Award of Contract

**60 days from date of Award** = Submit proof of payment (front and back of cancelled check, statement from lender, etc.)

**Quarterly** = Submit monthly statements with proof of payments made

**Semi-Annually** = Provide verification of continuous employment eligibility.

## **ADMINISTRATION**

The Commission shall administer the Program and may amend this Program at any time, provided the original intent and purpose of the Program is retained. The Commission shall have the discretion to determine:

- a. Those attorneys who qualify for the Program;
- b. The amount of eligible loan assistance (award);
- c. The priority by which awards are made to eligible Participants;
- d. Those loans that qualify for assistance;
- e. The adequacy of the documentation submitted to be eligible for a loan payment;
- f. The method of payment; and
- g. Circumstances allowing disqualification or reinstatement of any Participant in the Program.

## **LIMITED FUNDS AND PROGRAM FUNDING**

In the event there are insufficient funds in the Legal Education for Public Service and Rural Practice Loan Repayment Fund to fund all of the qualified attorneys applying, the available funds will be distributed by priorities determined by the Commission, after conferring with the Board.

Continued operation and funding allocations of this Program are contingent on available funding from the Act. If the Commission has insufficient funds which prevent it from being able to fund the three years of service, and the Participant has complied with all of the conditions of the award, then the Participant will not be required to pay back the full amount of student loan assistance, and will no longer be bound by the conditions of the award.

## **INCOME TAX LIABILITY**

The Participant is responsible for any income tax obligation resulting from the student loan assistance made under this Program. The State of Nebraska will issue an Internal Revenue Services (IRS) 1099-MISC form to each Participant of funds and will file the 1099-MISC form to the IRS. The 1099-MISC form is used to report miscellaneous income that does not fall in the category of salary, wages, or tips.

## **CONTACT INFORMATION**

Inquiries about the Program should be directed to:

Name	Title	Telephone Number	E-mail Address
Rita J. Wesely	Admin Asst/Fiscal Officer	(402) 471-8088	rwesely@ncpa.ne.gov

Nebraska Commission on Public Advocacy  
140 No. 8th St., Suite 270  
P. O. Box 98932  
Lincoln, NE 68509-8932  
(402) 471-7774  
rwesely@ncpa.ne.gov

## **APPLICATION FORM & DOCUMENTS**

All required application forms must be completed and submitted for consideration.

**Participants will not be notified if their application is deficient, and will not be considered for the current year's funding.** Please refer to the Application Checklist to ensure all documents are submitted and the application is assembled in the requested order.

The required application forms are as follows:

1. Participant Information Form
2. Program Narrative-Optional
3. National Student Loan Data System (NSLDS) Documents ([www.nsls.ed.gov](http://www.nsls.ed.gov))
4. U.S. Citizenship Attestation Form
5. Service Agreement (Appendix A)
6. Proof of Employment Form - For Employment by an Organization (Appendix B)
7. Proof of Employment Form - For Self-Employment (Appendix C)
8. Program Change of Information Form (Appendix D)(if needed)
9. Fee of \$25.00 made payable to Nebraska Commission on Public Advocacy.

The National Student Loan Data System (NSLDS) Document referenced above - Participants must obtain a NSLDS document for each student loan the Participant has with a lending institution, including the qualifying student loan in which assistance is being requested. NSLDS is the U.S. Department of Education's (ED's) central database for student aid. NSLDS receives data from schools, guaranty agencies, the Direct Loan Program, and other Department of ED programs. Participants can access this document at [www.nsls.ed.gov](http://www.nsls.ed.gov). This site displays information on loan and/or grant amounts, outstanding balances, loan statuses, and disbursements.

## **APPLICATION PROCESS**

Applications are due to the Nebraska Commission on Public Advocacy office no later than 5:00 p.m. (CST) on November 2, 2015. Include 1 (one) original completed application. An application may be electronically submitted in PDF format.

**No late applications will be accepted.**

The completed and properly signed applications must be submitted as follows:

Nebraska Commission on Public Advocacy  
140 No. 8th St., Suite 270  
P. O. Box 98932  
Lincoln, NE 68509-8932  
Attn: Rita J. Wesely  
E-mail: [rwesely@ncpa.ne.gov](mailto:rwesely@ncpa.ne.gov)  
Fax: (402) 471-8087

**PARTICIPANT INFORMATION FORM**

**PARTICIPANT INFORMATION:**

Participant Name: \_\_\_\_\_

**TOTAL DEBT (with interest):** \_\_\_\_\_ **ANNUAL INCOME:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code + 4 digits: \_\_\_\_\_ County: \_\_\_\_\_

Home/Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Law School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_

Name of Law School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_

Name of Law School: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_

Have you ever served on active duty in the U.S. military service? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Years Served: \_\_\_\_\_

If you are employed in a county not qualifying for eligibility per Program Guidelines, you may still qualify for loan assistance. Please provide ANNUAL PERCENTAGE of legal services performed in rural NE counties \_\_\_\_\_

**LOAN INSTITUTION INFORMATION:**

Name of Institution: \_\_\_\_\_

Payment Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

List/describe any other loan repayment assistance programs Participant is participating in and awards Participant is receiving:

**CERTIFICATION:**

I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information will result in the denial of my assistance request or termination of such contract if I am awarded funds under this Program. I agree to provide additional verification of any information provided as requested.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE (to be completed by Participant)**

I authorize any of my lenders to provide loan information requested by the Commission.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PROGRAM NARRATIVE (OPTIONAL)**

OPTIONAL: Participant may submit a narrative in the space provided below with any relevant information not included elsewhere in the application that he/she would like to have taken into consideration.

**CERTIFICATION:**

I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information will result in the denial of my assistance request or termination of such contract if I am awarded funds under this Program. I agree to provide additional verification of any information provided as requested.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Complete and Send in With Application

## United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

O I am a citizen of the United States.

—OR—

G I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

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PRINT NAME (FIRST, MIDDLE, LAST)

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SIGNATURE

DATE: \_\_\_\_\_

## **APPENDIX A – SERVICE AGREEMENT**

The following Service Agreement must be signed and submitted with the Application agreeing to the terms and conditions of continued employment.

## APPENDIX A

### SERVICE AGREEMENT

NAME: \_\_\_\_\_

In consideration of the student loan repayment assistance incentive for which I have been offered under Neb. Rev. Stat. §§ 7-201-209, I hereby agree as follows:

1. I will remain employed as an attorney employed by a tax-exempt charitable nonprofit organization domiciled in Nebraska whose primary duties are public service or as a full-time attorney primarily serving in a designated legal profession shortage area for a period of service of not less than three years (36 months) unless involuntarily separated from my employment. The period of service begins with the effective Award date. If I voluntarily leave my position before three years (36 months), any money awarded to me must be repaid to the Commission. I further acknowledge that the Commission shall recover from me (or my estate, if applicable) a sum equal to the amount that I am required to repay by such methods as are provided by law for the recovery of amounts owed to the Commission. Once I have satisfied the three year (36 month) requirement and I apply for additional loan repayment assistance, then I must complete an additional full year of employment from the Award date.

I will remain a licensed attorney and U.S. citizen or be an eligible non-citizen.

I will remain employed full-time, which is defined as not less than 75 percent of a 40-hour work week.

2. I understand that I may change employment within the designated three years but must remain employed as described above to continue receiving benefits and to satisfy the service agreement. I will be allowed a reasonable break in service when changing employers, not to exceed 30 days. A break in service exceeding 30 days will be subject to review by the Commission and may result in the termination of contract. Periods of leave without pay, or other periods in which I am not in pay status, do not count toward the completion of the required service period upon re-employment. The period of service completion date must be extended by the total time spent in non-pay status. However, absence due to uniformed service in a recognized branch of the United States military, authorized maternity/paternity, FLMA, or compensable injury, are considered credible evidence (within the sole discretion of the Commission) of the required service period upon reemployment. For purposes of this Program, involuntary separation could result from layoff, loss of election, or similar nature. Termination as a result of misconduct or unacceptable performance would not qualify as involuntary separation.

3. I understand that Program funds are a supplement to, not a substitute for, my personal student loan obligations. I understand that amounts to be paid are subject to the availability of funds and my continued eligibility. I understand that if I do not remain eligible, then further loan benefits may be denied, although the service obligation will remain in force. I understand that the Award of this Program in any fiscal year does not guarantee benefits in future fiscal years, and that awards are subject to the availability of appropriations. I understand that any loan assistance made to me may be taxable and subject to withholding.

If the Commission has insufficient funds which prohibit it from being able to fund the three years (36 months) of service and I have complied with all of the conditions of the Award, then I will not be required to pay back the full amount of student loan assistance, and I will no longer be bound by the conditions of the Award.

4. I authorize the Board and the Commission to verify the status, payment history, and outstanding balance of each qualifying loan, and to discuss the terms with the lender or note holder, or predecessors or successors in interest. I understand the terms “qualifying loan” and “student loan” as defined in the Loan Eligibility section of the Application Packet, as well as what loans are not considered eligible for assistance.

5. I understand that the Award constitutes a contractual agreement between the Commission and me for the award of funds for the intended purpose of this Program. The Commission may terminate this Award without further cause if I fail to affirm acceptance of the Award by signing and returning the Award to the Commission within 30 days from the date of Award.

6. I agree to provide the appropriate documentation as requested by the Commission to verify the information provided within this application, if necessary. I agree to maintain the application, and supporting documentation pertaining to this application, and make such records available for audit or examination, if necessary. Such records shall be maintained for at least three years (36 months) following notification by the Commission that the Award has been made. The three year retention period starts from the date of Award by the Commission. If any litigation, claim, audit, or other action involving the records has started before the expiration of the three year period, the records must be retained until completion of the action and resolution of all issues which arise from it or until the end of the regular three year period, whichever is later.

7. I will submit in writing on the Program Change of Information Form (APPENDIX D) any Program changes that I experience during the contract period, subject to approval from the Commission, such as:

- Change in contact information;
- Change in lending institution information;
- Change in employment information; and/or
- Change in supervisor information.

8. I will notify the Commission, without delay, in writing, of my intention to voluntarily separate, resign, or retire from my position as an eligible Participant before completing my service obligation.

9. I will notify the Commission, without delay, in writing, of my status in default of any qualifying loan obligation.

10. I understand that I remain responsible for making regular student loan payments toward my qualifying loans to remain eligible for future Program assistance.

11. I understand that, by law, repayment assistance made to me under the Program cannot exceed \$6,000 in any calendar year or an aggregate total of \$42,000. This limitation should not, under any circumstances, be construed as an obligation of said benefits.

12. I understand that if I receive an award under the Program, I will be issued a contract by the Commission in the form of an Award of Contract document. Such document must be signed and returned within 30 days of the award date.

13. This Agreement is null and void if I am not selected for Program funds in the year I sign and date this Agreement. I understand that the Commission reserves the right to terminate for cause any contract entered into as a result of this Application by giving written notice to me of the effective date of termination. Cause for termination can include, but is not limited to, my default on contract; misconduct or unacceptable performance; the inability of me to fulfill my obligations under the contract; or a determination by the Commission that there are insufficient funds in the Legal Education for Public Service and Rural Practice Loan Repayment Fund to continue to honor the contract. In the event of termination pursuant to this paragraph, all documents, data, and reports prepared by me under the contract shall, at the option of the Commission, become property of the State of Nebraska.

14. I understand that an Award of Contract, entered into as a result of this Application, does not bind the Commission for any contractual commitment in excess of the original contract period contained in such an Award of Contract. However, the Commission has the right, at its sole discretion, to renew any such award of contract on a year-to-year basis. Should the Commission exercise its right to renew the contract, the renewal is subject to the terms set forth by the Commission developed for such renewal. Failure to comply with such terms set forth by the Commission will result in the forfeiture of such a renewal option.

15. Privacy Act Notification. This information is provided pursuant to the Privacy Act of 1974 (Public Law 94-579), as amended, for individuals supplying information for inclusion in a system of records. This Agreement and related data are made part of the file to be used within the Commission for record-keeping and management while participating in this Program. The information also may be disclosed outside the Commission, as permitted by the Nebraska Freedom of Information Act, and pursuant to court order. I am asked to provide my Social Security Number. Failure to submit this will render this Agreement incomplete and I will be considered ineligible to participate in this Program.

I, \_\_\_\_\_,

agree to the terms of this Service Agreement.

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Participant's Signature

Date

## **APPENDIX B – PROOF OF EMPLOYMENT FORM FOR EMPLOYMENT BY AN ORGANIZATION**

This form will need to be submitted semi-annually by approved Participants as proof of continued employment to remain eligible.

**APPENDIX B**

**PROOF OF EMPLOYMENT FORM**  
**FOR EMPLOYMENT BY AN ORGANIZATION**

Participant Name: \_\_\_\_\_

**EMPLOYMENT INFORMATION/SERVICE:**

Employer Name/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code + 4 digits: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Telephone #: \_\_\_\_\_ Supervisor Fax #: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_ Position Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

I am either employed by a tax-exempt charitable nonprofit organization that is domiciled in Nebraska whose primary duties are public service or am an attorney primarily serving in a designated legal profession shortage area and am working as an attorney not less than 75 percent of a 40-hour work week.

**CERTIFICATION:**

I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my assistance request or termination of such contract if I am awarded funds under this Program. I agree to provide additional verification of any information provided as requested.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this individual is a current employee of the above-referenced agency and that all information provided is true and accurate as of this date.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX C – PROOF OF EMPLOYMENT FORM FOR SELF-EMPLOYMENT**

This form will need to be submitted semi-annually by approved Participants as proof of continued employment to remain eligible.



## **APPENDIX D – PROGRAM CHANGE OF INFORMATION FORM**

This form must be submitted if the Participant receiving Program funds experiences a  
Program change as outlined in the Service Agreement.  
Please attach appropriate documentation.

**APPENDIX D**

**CHANGE OF INFORMATION FORM**

Participant Name: \_\_\_\_\_

**Please complete only the sections with applicable changes from your approved contract.**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code + 4 digits: \_\_\_\_\_ County: \_\_\_\_\_

Home/Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**LOAN INSTITUTION INFORMATION:**

Name of Institution: \_\_\_\_\_

Payment Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**EMPLOYMENT INFORMATION/SERVICE:**

Employer Name/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code + 4 digits: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Telephone #: \_\_\_\_\_ Supervisor Fax #: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_ Position Title: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_