

LOAN INFORMATION AND VERIFICATION FORM
THE MONTANA RURAL PHYSICIAN INCENTIVE LOAN REPAYMENT PROGRAM
MONTANA UNIVERSITY SYSTEM
OFFICE OF COMMISSIONER OF HIGHER EDUCATION
2500 BROADWAY
HELENA, MT 59620-3201

The following information must be provided for each loan you are submitting for repayment consideration under the Montana Rural Physician Incentive Program. Print clearly and completely to help expedite verification. Please note that incomplete information may delay verification of your loan.

APPLICANT: Complete one copy of this form for each loan you are submitting for repayment consideration under the Montana Rural Physician Incentive Program. Please print clearly and be sure to complete all of Section 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— Attach a copy of the original loan agreement and current statement of account to the corresponding loan verification form (Part A and Part B) and SUBMIT WITH YOUR 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" TO BE SUBMITTED WITH THEIR APPLICATION MATERIALS TO THE MONTANA RURAL PHYSICIAN INCENTIVE PROGRAM.

PART A – (To be completed by Applicant)

1. NAME: (Last, First, Middle)	2. BIRTHDATE:	3. SOCIAL SECURITY NUMBER:
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4. COMPLETE ADDRESS: (Street, P O Box, City, State, Zip)	5. TELEPHONE NUMBER:	
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6. NAME OF LENDING INSTITUTION:	7. TELEPHONE NUMBER:	8. FAX NUMBER: 9. LOAN ACCOUNT NUMBER:
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10. FULL ADDRESS OF LENDING INSTITUTION: (Street, P O Box, City, State, Zip)		
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11. HAS THE LOAN BEEN SOLD TO ANOTHER LENDER OR PAYMENT PROCESSING CENTER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, INDICATE SECONDARY LOAN HOLDER/PAYMENT PROCESSING CENTER'S NAME AND FULL ADDRESS.		
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12. LOAN INFORMATION:	
Loan Account Number: _____	Original Date of Loan: _____
Original Amount of Loan: _____	Current Balance/Date: _____
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13. PURPOSE OF LOAN AS INDICATED ON LOAN APPLICATION:	14. TYPE OF LOAN (Stafford, Health Professions, etc.)
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FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS:

If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for all health professions education costs 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 BY APPLICANT:

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Commissioner of Higher Education for repayment of the medical education loans I have submitted with my application hereof, incurred solely for the costs of medical education, including reasonable living expense, at a school of medicine or osteopathy. **I hereby authorize the financial institution named in Item 5 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 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 Loan Repayment Program and states that, to the best of his/her knowledge, the loan information provided is a bona fide legally enforceable commercial, state or government educational loan made for the purpose of meeting the borrower's costs of attending a school of medicine or osteopathy. Please verify this information according to your records by completing the information below.

ACCOUNT NUMBER: _____

ORIGINAL AMOUNT OF LOAN: _____
(If this is a consolidation, please provide detail identifying the original loan amounts and loan dates for all loans consolidated.)

ORIGINAL DATE OF LOAN: _____
(If this is a consolidation, please provide detail identifying the original loan amounts and loan dates for all loans consolidated.)

CURRENT LOAN BALANCE: _____

LENDING INSTITUTION/LOAN SERVICER:

(Name)

(Street Address)

(City, State, Zip Code)

(Telephone)

(FAX)

(Federal Tax ID Number)
(Required for Payment Processing)

PERSON TO CONTACT REGARDING CURRENT LOAN BALANCE INFORMATION PRIOR TO SIX MONTH DISBURSEMENTS:

(Name)

(Department)

(Telephone)

COMMENTS:

I hereby certify to the accuracy of the loan information contained on the reverse side 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 TO BE SUBMITTED WITH THEIR APPLICATION MATERIALS TO THE MONTANA RURAL PHYSICIAN INCENTIVE PROGRAM.