

**NEW YORK STATE BAR ASSOCIATION
STUDENT LOAN ASSISTANCE FOR THE PUBLIC INTEREST (SLAPI)
APPLICANT'S LENDER VERIFICATION FORM**

Instructions to applicant: Complete Part A and send to your lender(s)

PART A: To be completed by the applicant.

Name: _____ Account #: _____

Address: _____

Telephone and e-mail address(es): _____

I hereby authorize _____ (Lender) to provide SLAPI with the information requested in Part B and any other information concerning my loan(s) as the program may request.

Applicant's Signature

Date

PART B: To be completed by Lender.

Dear Lender:

_____ has applied to receive funding from the SLAPI Program. To select Participants, we **must** be able to establish that the Applicant is making the required payments on the loans. The Participant then uses these funds towards repayment of eligible loans, such as those with your institution.

The information we need is indicated below. Please complete the form (or provide the information on any printout or form you may already use) and mail it to:

SLAPI, NYSBA, One Elk Street, Albany, NY, 12207

If you have any questions, please contact us at the above address, phone (518) 487-5641, (fax) (518) 487-5694, or e-mail to probono@nysba.org. Thank you very much for your time and attention.

Loan type: _____ Loan origination date: _____ Monthly payment _____

Loan status: (e.g.) repayment deferral default other: _____

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

When will 1st payment be due? _____ **Estimated monthly payment amount?** _____

PLEASE PROVIDE PAYMENT HISTORY FOR THE LAST 6 MONTHS:

If the above named Applicant has more than one loan with your institution, please submit information re **all** outstanding loans. Do you have a web site that provides loan information? Y or N. If Y, please provide web address: _____

Authorized Signature

Name (printed) and title

Name of lender/lending institution: _____

Address of lender: _____

Telephone of lender: _____

Date: _____