

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
Loan Repayment Assistance Program

APPLICATION

A. Applicant Data:

Applicant Name: _____

Pennsylvania Bar Number: _____

Home Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Single _____ Married _____

Name and ages of dependent children under the age of 21:

Law School(s) Attended: _____

Law School Graduation Date _____

Date of Admission to Pennsylvania Bar: _____

B. Applicant Employment Data:

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____

Position/Job Title: _____

Starting Date of Employment: _____

Current Annual Gross Income: _____

C. Employment Data for Spouse

Name of Spouse: _____

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Position/Job Title: _____

Starting Date of Employment: _____

Current Annual Gross Income: _____

D. Certification:

I certify that all information provided above is true and accurate as of this date. I understand that the deadline to apply for the Loan Repayment Assistance Program is May 15, 2009. I further agree to notify the Program Coordinator of any changes in employment status, address, marital status, or income and provide any additional information requested by the Program Coordinator.

Applicant's Signature _____ Date: _____

Return the completed application and all required documents to:

Lorrie K. Albert, Esq.
Director of the Foundation
Allegheny County Bar Foundation
400 Koppers Building
436 Seventh Avenue
Pittsburgh, PA 15219

Attach the following documents. Your application is NOT complete and CANNOT be evaluated until ALL information is submitted. Thank you.

- _____ A signed, complete copy of the Program Description (not just the certification page);
- _____ A current resume;
- _____ A signed, completed copy of the Application;
- _____ Applicant Employment Certification Form;
- _____ Income Information Worksheet;
- _____ Loan Indebtedness Worksheet;
- _____ Payment information sheet or payment coupon from your lender that includes monthly payment amount and account numbers;
- _____ Asset Worksheet;
- _____ Copy of your most recent federal income tax return (unless you were not required by law to submit federal income tax return);
- _____ Power of Attorney Form;
- _____ Promissory Note Agreement;
- _____ Applicant's signed acknowledgment of duty to report changes in financial status;
- _____ Spouse's Employment Certification Form, if applicable; and
- _____ Spouse's Loan Indebtedness Worksheet, if applicable.
- _____ Request for Cancellation of Loan (attached) **(not required for first-time applicant)**

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
Loan Repayment Assistance Program

APPLICANT EMPLOYMENT CERTIFICATION

Part A: To be completed by applicant. (Please duplicate for each employer.)

LRAP Applicant Name: _____

Bar Number: _____

I authorize my employer, _____, to provide information requested in Part B of this form to The ACBA/ACBF Loan Repayment Assistance Program. I also authorize The ACBA/ACBF Loan Repayment Assistance Program to contact my employer regarding my employment information.

Applicant's Signature _____ Date: _____

Part B: To be completed by the employer.

The LRAP applicant named above has applied to The ACBA/ACBF Loan Repayment Assistance Program (LRAP). The application requires certification from the employer of the applicant's employment status and salary. Please complete the following and return this form to the employee named above.

Employment start date: _____ Employee's current title: _____

Employee's current annual salary: \$_____ (Gross)

Employer provided benefits in addition to salary (i.e., student loan repayment assistance, housing, bonuses, etc.) available to the employee: \$_____ (per year)

When was the employee's most recent salary/cost-of-living increase? _____

When is employee's next salary/cost-of-living increase expected? _____

I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.

(Employer's Signature) (Printed Name & Title) (Date)

(Employer)

(Address) (Phone Number)

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
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INCOME INFORMATION WORKSHEET

Applicant's Name: _____
Pennsylvania Bar Number: _____
Law School(s) Attended: _____
Law School Graduation Date: _____
Date of Admission to Pennsylvania Bar: _____
Single _____ Married _____

Please report estimated income for the period of January 1 through December 31. If you are married, your spouse's income must be reported. A copy of your and your spouse's 2008 income tax return, along with any applicable IRS Schedules must be attached to this form.

	Applicant	Spouse
Wages and Salaries		
Total Interest Income (if more than \$500)		
Total Dividend Income (if more than \$500)		
Business Income		
Alimony/Child Support Received		
Unemployment Compensation		
Rental Income		
Trust Fund Income		
Other Income- Specify Below		
TOTAL		

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
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LOAN INDEBTEDNESS WORKSHEET

(For verification purposes, attach either a "Borrower Account Summary" from your loan servicer(s) or copies of any repayment schedules. Submit documentation of *current* principal balances and interest rates.)

Name: _____
 Pennsylvania Bar Number: _____

Law School Need-based Loans (GSL, Stafford, Subsidized Stafford, Unsubsidized Stafford, and Perkins)

	Perkins	Interest Rate	Subsidized Stafford	Interest Rate	Unsubsidized Stafford	Interest Rate
Year 1						
Year 2						
Year 3						

Loan Consolidation

Have you consolidated your need-based loans? _____

If so, indicate consolidation terms and *attach a copy of your consolidation application:*

Lender/Type of Loan	Amount of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$_____/___yrs.	
			\$_____/___yrs.	
		Total	\$	

List the loans you consolidated: _____

Loan Indebtedness Worksheet (continued)

Law School Non-Need Based Loans (Law Student Loan [LSL], Law Access Loan [LAL], Bar Study Loan)

Lender/Type of Loan	Amount of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
		Total	\$	

Undergraduate and Graduate School Loans:

Lender/Type of Loan	Amount of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
		Total	\$	

Total Amount Due

Law School Need-based: _____

Law School Non-need Based: _____

Undergraduate: _____

Annual Payment: _____

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
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ASSET WORKSHEET

Applicant Name: _____
Pennsylvania Bar Number: _____

Assets	Applicant	Spouse
Cash and Bank Accounts		
Home Equity		
Other Real Estate and Investment Equity		
Trust or Inheritance		
Other Assets (Automobiles & household goods should not be included)		
Totals	\$	\$

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
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POWER OF ATTORNEY

State of _____

County of _____

Know all persons by these presents, that I, _____, of _____ County, State of _____, do appoint the Program Coordinator of the ACBA/ACBF Loan Repayment Assistance Program, as my true and lawful attorney-in-fact, for me and in my name, and on my behalf, to do for me anything which I might do or perform for myself if personally present and acting. I do specifically authorize my attorney-in-fact, in my name and on my behalf, to access any and all information related to my student loans, including but not limited to, obtaining repayment information, signing deferments, signing income contingent repayment agreements, signing consolidation applications, endorsing checks, signing promissory notes and any other agreements pertaining to my participation in The ACBA/ACBF Loan Repayment Assistance Program.

This the _____ day of _____, 20____.

(Name) (Seal)

State of _____

County of _____

Sworn to and subscribed to before me the _____ day of _____, 20____.

Notary Public
My Commission Expires:
Notarial Seal

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
Loan Repayment Assistance Program

PROMISSORY NOTE AGREEMENT

This form must be notarized and returned with your application. Failure to return this form will delay or stop the processing of your Loan Forgiveness application for 2009.

I, _____, promise to sign and return the promissory note that will be mailed with each loan disbursement for the period 2009. In addition, if the promissory note is not cancelled, I agree to pay to The ACBA/ACBF Bar Loan Repayment Assistance Program the amount of the loan disbursement with interest at 6.95%, and all attorneys' fees and collection costs, whether or not litigation is commenced. I understand that failure to return the promissory note to The ACBA/ACBF Loan Repayment Assistance Program by the date requested, will result in my loan becoming due immediately and future disbursements will be withheld.

This the _____ day of _____, 20____.

_____ (Seal)
(Name)

State of _____

County of _____

Sworn to and subscribed to before me the _____ day of _____, 20____.

Notary Public
My Commission Expires:
Notarial Seal

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
Loan Repayment Assistance Program

ACKNOWLEDGMENT OF DUTY TO REPORT CHANGES

This form must be notarized and returned with your application. Failure to return this form will delay or stop the processing of your Loan Forgiveness application for 2009.

I, _____, promise to report promptly any material changes in my financial status to The ACBA/ACBF Loan Repayment Assistance Program Coordinator.

Material changes are measured in relation to what you reported in your most recent application for loan repayment assistance. Such changes could include marriage, changes in the salary or assets of you or your spouse, or any other material change that would affect the amount of assistance for which you would be eligible under this program.

This the _____ day of _____, 20____.

_____(Seal)
(Name)

State of _____

County of _____

Sworn to and subscribed to before me the _____ day of _____, 20____.

Notary Public
My Commission Expires:
Notarial Seal

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
Loan Repayment Assistance Program

SPOUSE EMPLOYMENT CERTIFICATION

Part A: To be completed by applicant's spouse. (Please duplicate for each employer.)

LRAP Applicant Name: _____ Pennsylvania Bar Number _____

LRAP Applicant Spouse's Name: _____

I authorize my employer, _____, to provide information requested in Part B of this form to The ACBA/ACBF Loan Repayment Assistance Program. I also authorize The ACBA/ACBF Loan Repayment Assistance Program to contact my employer regarding my employment information.

Signature: _____ Date: _____

Part B: To be completed by the employer.

The LRAP applicant named above has applied to the ACBA/ACBF Loan Repayment Assistance Program (LRAP). The application requires certification of the employment status and salary from the employer of the applicant's spouse. Please complete the following and return this form to the employee named above.

Employment start date: _____ Employee's current title: _____

Employee's current annual salary: \$ _____ (Gross)

Employer provided benefits in addition to salary (i.e., student loan repayment assistance, housing, bonuses, etc.) available to the employee: \$ _____ (per year)

When was the employee's most recent salary/cost-of-living increase? _____

When is employee's next salary/cost-of-living increase expected? _____

I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.

(Employer's Signature) (Printed Name & Title) (Date)

(Employer)

(Address) (Phone Number)

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
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SPOUSE'S LOAN INDEBTEDNESS WORKSHEET

(For verification purposes, attach either a "Borrower Account Summary" from your loan servicer(s) or copies of any repayment schedules. Submit documentation of *current* principal balances and interest rates.)

Applicants' Name: _____
Pennsylvania Bar Number: _____
Spouse's Name: _____

Graduate School Need-based Loans (GSL, Stafford, Subsidized Stafford, Unsubsidized Stafford, and Perkins)

	Perkins	Interest Rate	Subsidized Stafford	Interest Rate	Unsubsidized Stafford	Interest Rate
Year 1						
Year 2						
Year 3						

Loan Consolidation

Have you consolidated your need-based loans? _____

If so, indicate consolidation terms and *attach a copy of your consolidation application:*

Lender/Type of Loan	Amount of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$_____/___yrs.	
			\$_____/___yrs.	
		Total	\$	

List the loans you consolidated: _____

Loan Indebtedness Worksheet (continued)

Graduate School Non-Need Based Loans (Law Student Loan [LSL], Law Access Loan [LAL], Bar Study Loan)

Lender/Type of Loan	Amount of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
		Total	\$	

Undergraduate and Graduate School Loans:

Lender/Type of Loan	Amount of Loan	Interest Rate	Total Due/Years	Month/Year Payments Begin
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
			\$_____/ __yrs.	
		Total	\$	

Total Amount Due

Law School Need-based: _____

Law School Non-need Based: _____

Undergraduate: _____

Annual Payment: _____

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION
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REQUEST FOR CANCELLATION OF LOAN

PART I: Borrower's Personal Information

Borrower's Name: _____

Pennsylvania Bar Number: _____

Home Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Part II: Certification of Compliance

I hereby certify that I am in compliance with the requirements for loan cancellation of The ACBA/ACBF Bar Loan Repayment Assistance Program. I was employed by the office of _____ for the period of _____ to _____.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____

Borrower's Signature _____ Date: _____

Part III: Employer's Certification (Applicant)

Below portion to be completed by officer of qualifying employer of Applicant:

I hereby certify that the above-disclosed employment data is correct.

Qualifying Employer's Signature _____ Date: _____

Qualifying Employer's Printed Name _____