



Loan Repayment Assistance Program 2009 Renewal Application

If you are interested in renewing your Suffolk University Law School Loan Repayment Assistance Program (LRAP) benefit, please complete and return the following information to the Office of Financial Aid by July 1, 2009:

- LRAP Renewal Application (this form)
- Signed copy of your (and spouse's, if applicable) 2008 federal income tax return
- Employer Certification Form (and Employer Certification Form for Spouse, if applicable)
- Promissory Note

BIOGRAPHICAL INFORMATION

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Suffolk Law Graduation Date: _____

Are you married? No Yes If yes, as of: _____ Spouse's Name: _____

EMPLOYMENT INFORMATION

Employer: _____ Start Date: _____

Employer Address: _____

Job Title: _____ Annual Salary: \$ _____

Job Responsibilities: _____

If Married, Spouse's Employer: _____

Job Title: _____ Annual Salary: \$ _____

PROJECTED INCOME

List all sources of income for you and, if applicable, your spouse for 2009.

For Calendar Year 2009

Total wages, salary, commissions, and fees from all employment \$ _____
 All other taxable income (interest income, capital gains, bonuses) \$ _____
 Untaxed income & benefits (IRA, housing, support from others) \$ _____
 Other loan repayment assistance received (excluding Suffolk) \$ _____

HOUSING INFORMATION

Do you own a home? No Yes If yes, list Monthly Mortgage: \$ _____
 Date purchased: _____ Current Market Value: \$ _____ Amount Owed: \$ _____
 If no, please check applicable housing situation:
 Rent, with lease agreement Live with/Rent from parents Other _____
 List monthly housing payment (if none, enter zero): \$ _____

ASSET INFORMATION

(If married, include spouse's assets)

Do you own other real estate? No Yes If yes, Value \$ _____ Debt \$ _____
 List vehicle(s) and year: _____
 Value of Checking Accounts: \$ _____ Value of Retirement Accounts: \$ _____
 Value of Savings Accounts: \$ _____ Value of Stock/CD's/Other Investments: \$ _____

EDUCATIONAL DEBT

Please list below each loan for you which you are or will be making monthly payments. **This list must be accompanied by your most recent loan statements from your lender(s) showing your outstanding loan amount and payment history showing your payments made from January – June 2009.** Loan payments that you do not indicate below will not be used to calculate your benefit.

Loan Type	Lender	Servicer	Total Amount Borrowed	Monthly Payment
Subsidized Federal Stafford Loans				
Unsubsidized Federal Stafford Loans				
Federal GradPLUS Loan				
Federal Perkins Loan				
Suffolk Trustee Loans				
Private Loans				
Federal Consolidation Loan				

CERTIFICATION

1. I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.
2. I agree to provide supporting documentation of the information listed on this application, if requested.
3. I certify that all LRAP funds received will be used for the express purpose of repaying student loans borrowed for attendance at Suffolk Law.
4. I agree to notify the Office of Financial Aid in writing within 30 days of any change in my employment. If, upon such notice, I am no longer in a position which qualifies for LRAP benefits, I understand that future award benefits will cease.
5. I understand that if I default on any of my educational loans I will be terminated from the Loan Repayment Assistance Program.
6. I agree to notify the Office of Financial Aid in writing within 30 days if I receive a deferment or forbearance on student loans from my lender and/or if my loan payments are reduced after LRAP benefits are calculated.
7. I agree to notify the Office of Financial Aid in writing within 30 days of any change in income, employment, marital status, or if I file for bankruptcy.
8. I certify that I am not receiving any assistance in the repayment of any of my student loans from any source not reported on this form.
9. I understand that to receive future LRAP benefits, I must continue to meet all eligibility criteria and will provide requested documentation in a timely manner.
10. I understand the deadline for submitting a complete application is July 1, 2009.

Failure to submit an application will result in my termination from the Loan Repayment Assistance Program. Please check boxes to certify the following required documents are included in this application:

- LRAP Renewal Application, pages 1-3 (this form)
 - Loan debt information for all educational loans
 - Employer Certification Form
 - 2008 Federal Tax Return
 - Promissory Note
11. I certify that I have read and understand the material contained at <http://www.law.suffolk.edu/offices/finaid/lrap.cfm> , “Loan Repayment Assistance Program – General Information.”

Applicant’s Signature: _____ Date: _____
Spouse’s Signature, if applicable: _____ Date: _____

Submit your complete renewal application to:

Loan Repayment Assistance Program
Office of Financial Aid
Suffolk University Law School
120 Tremont Street
Boston, MA 02108
Fax: (617) 305-3216