



Loan Repayment Assistance Program (LRAP)
217 N. Fifth Street Camden, NJ 08102 856-225-6406

LRAP APPLICATION

Name: _____ Date of Application _____
(include maiden name)

Social Security #: _____
(required for check preparation)

Address: _____ Graduation Date: _____
_____ Home Telephone: _____

Email: _____ Work Telephone: _____

Dates of Law School Attendance: _____
__ In-State Student __ Out-of-State Student

Law School Housing Status: __ Commuter __ On-Campus __ Off-Campus

Employer's Name and Address: _____

Telephone: _____

Job Title and Nature of Work: _____

Annual Salary: _____ Employment Start Date _____

Spouse/Domestic Partner Name: _____

Employer's Name: _____ Annual Salary: _____

Name(s) and Age(s) of Dependent Children: _____

Is this your first LRAP Application? ___ Yes ___ No Year 1st Applied _____

Is your spouse/partner currently receiving LRAP funding from Rutgers or another law school? ___ Yes ___ No

Are you currently eligible for/receiving funds from any other loan repayment program? If so, explain the source and amount of this funding. _____

Financial Information

Current Annual Income

| | Applicant | Spouse/Partner |
|--|-----------|----------------|
| Total wages salary | _____ | _____ |
| Annual bonus | _____ | _____ |
| Other taxable & non-taxable income: | | |
| Gifts | _____ | _____ |
| Alimony | _____ | _____ |
| Child Support | _____ | _____ |
| Capital Gains | _____ | _____ |
| Interest Income | _____ | _____ |
| Dividends | _____ | _____ |
| Trust Income | _____ | _____ |
| Other (such as Housing Allowances or other in kind assistance) | _____ | _____ |

Current Annual Expenses

(This section is optional, but would allow the applicant to demonstrate exceptional need/expenses)

| | |
|--|-------|
| Annual Rent/Mortgage Payments | _____ |
| Real Estate Taxes | _____ |
| Unreimbursed Medical/Dental Expenses | _____ |
| Child Care/Elder Care Expenses * | _____ |
| Transportation Expenses | _____ |
| Undergraduate Educational Loan Payments * | _____ |
| Spouse/Partner's Educational Loan Payments * | _____ |
| Other | _____ |

* provide documentation of these items

Provide the current value of the following Combined Assets:

| | |
|-------------------------------------|-------|
| Home, Condo, Co-op | _____ |
| Amount still owed on this property | _____ |
| Other Real Estate | _____ |
| Stocks, Bonds, Trusts | _____ |
| Retirement Funds | _____ |
| Cash Value of Life Insurance Policy | _____ |
| Other | _____ |

Provide the current outstanding indebtedness on the following Liabilities:

Total Outstanding Undergraduate Debt

- Applicant _____

- Spouse/Domestic Partner _____

Other Consumer/Commercial Debt* _____

**describe the nature/source of this debt*

Law School Debt Information

To ensure that we have received all lender verification forms for your covered loans, please provide the names of each lender, and the type of loan you received from that lender during Law School. These should include your Stafford Loans, Perkins Loans and private educational loans associated with your attendance at Rutgers Law School-Camden.

| LENDER | TYPE OF LOAN | MONTHLY PAYMENT |
|---------------|---------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Attach the following to your application and submit by the deadline:

- Copy of your most recent Federal Tax Return (1040), or submit an affidavit of Non-Filing
- Copies of your and your spouse's/partner/s most-recent year-end pay stubs, W2 forms, 1099 forms
- Printouts of your loan payment history

Under separate cover:

- Employer should return the Employer Verification Form prior to the submission deadline.
- Loan holders should return the Lender Verification Form prior to the submission deadline.

CERTIFICATION

- **I/We certify that loans listed on this application are currently in good standing**
- **I/We agree to notify the Rutgers Law School LRAP office of any changes to my/our personal or financial situation, such as changes in employment, income, address, marital status, etc. within one month of the occurrence**
- **I/We certify that all the information submitted on this application is true and complete to the best of my/our knowledge**
- **I/We understand that failure to provide all requested information in compliance with program guidelines and deadlines will result in my/our ineligibility to receive benefits under this program**
- **I/We agree that all funds received from LRAP will be used solely for the purpose of repaying my outstanding law school loans**

Applicant's Signature

Date

Spouse/Partner's Signature

Date