

**CUI (when filled in)**

<b>DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION</b>	<b>CONTROL NO.</b>	<b>LOAN PROGRAM (X one)</b> <input type="checkbox"/> SELECTED RESERVE LRP <input type="checkbox"/> HEALTH PROFESSIONALS LRP <input type="checkbox"/> ACTIVE DUTY LRP	OMB No. 0704-0152 OMB approval expires: 20280131
<p>The public reporting burden for this collection of information, 0704-0152, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at <a href="mailto:whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil">whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil</a>. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>			
<b>FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK a.</b>			
<b>PRIVACY ACT STATEMENT</b>			
<p><b>AUTHORITY:</b> 10 U.S.C. Chapter 109, Educational Loan Repayment Programs; 10 U.S.C. Chapter 1609, Education Loan Repayment Program; DoD Instruction (DoDI) 1205.21, "Reserve Component Incentive Programs Procedures," DoDI 1304.36, "Education Loan Repayment Program," DoDI 6000.13, "Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs)," and E.O. 9397, Social Security Number (SSN).</p> <p><b>PRINCIPAL PURPOSE(S):</b> To verify your loan repayment program eligibility, loan amount, and loan status, and facilitate annual payment to the vendor.</p> <p><b>ROUTINE USE(S):</b> Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Pursuant to 5 U.S.C. 522a(b)(3), records may be disclosed as a routine use to the Department of Treasury to issue bonds; to collect and record income taxes. A complete list of routine uses may be found in the applicable Official Military Personnel File SORNs (OMPF) below.</p> <p><b>DISCLOSURE:</b> Voluntary. However, if the requested information is not provided, DoD will not be able to verify your loan repayment program eligibility and/or make the annual payment you are requesting.</p> <p><b>OMPF SORNs:</b>          Air Force: <a href="http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/">http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/</a>          Army: <a href="http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/">http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/</a>          Army National Guard: <a href="http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570052/a0600-8-104b-ngb/">http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570052/a0600-8-104b-ngb/</a>          Navy: <a href="http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/">http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/</a>          Marine Corps: <a href="http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/">http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/</a></p>			
<b>1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer)</b>			
<b>a. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code)</b>		<b>b. VERIFYING OFFICIAL.</b> I certify that this servicemember has performed satisfactorily.	
		<b>(1) NAME (Last, First, Middle Initial)</b>	
		<b>(2) SIGNATURE</b>	<b>(3) DATE SIGNED (YYYYMMDD)</b>
<b>2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see instructions))</b>			
<b>a. NAME (Last, First, Middle Initial)</b>		<b>b. ADDRESS (Street, City, State, and ZIP Code)</b>	
<b>c. SOCIAL SECURITY NO.</b>	<b>d. TELEPHONE NO. (Include Area Code)</b>	I authorize the release of my financial data by lender/holder to complete entries in Section 3.	
<b>e. E-MAIL ADDRESS</b>	<b>f. SIGNATURE</b>		<b>g. DATE SIGNED (YYYYMMDD)</b>
<b>3. LOAN DATA (To be completed by loan servicing agency)</b>			
<b>a. NAME ON THE LOAN (Last, First, Middle Initial)</b>			<b>b. ORIGINAL DATE OF PROMISSORY NOTE (YYYYMMDD)</b>
<b>c. ORIGINAL LOAN AMOUNT</b>	<b>d. LOAN</b> _____ <b>OF</b> _____ <b>LOANS</b>	<b>e. LOAN ACCOUNT NUMBER</b>	
<b>f. LOAN HOLDER NAME</b>	<b>g. LOAN HOLDER ADDRESS (Include ZIP Code)</b>	<b>h. TELEPHONE NUMBER (Include Area Code)</b>	
<b>i. LOAN IN DEFAULT (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>j. UNPAID PRINCIPAL BALANCE</b>	<b>k. OUTSTANDING BALANCE</b>	<b>l. IS THIS A CONSOLIDATED LOAN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>m. FEDERAL TAX IDENTIFICATION NO.</b>	<b>n. TYPE OF LOAN (See Instructions)</b>	<b>o. LOAN INTEREST</b>	
		<b>(1) CAPITALIZED</b> \$	<b>(2) CURRENT YEAR</b> \$
<b>p. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT (Include ZIP Code)</b>			<b>q. LENDER ROUTING NUMBER</b>
<b>r. CERTIFYING OFFICER.</b> As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.			
<b>(1) NAME (Last, First, Middle Initial)</b>	<b>(2) TITLE</b>	<b>(3) SIGNATURE</b>	<b>(4) DATE SIGNED (YYYYMMDD)</b>

