

**PLEASE SUBMIT BY OCTOBER 31, 9998**  
**The Loan Repayment Assistance Program of Minnesota**

Helping Lawyers Help the Disadvantaged  
600 Nicollet Mall, Suite 380  
Minneapolis, MN 55402  
Telephone: 612-278-6315  
Email: [lrappedocs@gmail.com](mailto:lrappedocs@gmail.com) Webpage: [www.lrapmn.org](http://www.lrapmn.org)

**FORGIVABLE LOAN RECIPIENT  
VERIFICATION FORM  
July - September 9998**

**Employer completes Section A:** LRAP Minnesota requires employer certification of its recipients' employment and salary. Please complete this section of the form and return it to the employee.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Employee Job Title

**Dates of Employment:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Salary: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_

Employee works FULL-TIME as defined by Employer: \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Recipient Completes Section B:** Please attach verification of loan payments you have made between July 1, 9998 and September 30, 9998. Acceptable documentation is described in your Loan Agreement.

**Recipient Completes Section C:** Has your address or or payment information changed since you submitted your application?

If yes, please indicate as appropriate: \_\_\_\_\_

**Certification**

The information on this form is true and complete to the best of my know knowledge. If asked by LRAP Minnesota, I agree to provide proof of the information provided on this form.

\_\_\_\_\_  
LRAP Recipient Signature

\_\_\_\_\_  
Date

*See Reverse Side*

The Loan Repayment Assistance Program of Minnesota

VERIFICATION WORKSHEET

Name

Date

Please fill out employment verification form (on reverse side) and attach proof of payment\*

	Lender Name	Date Paid	Amount Paid
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Total of payments made for this quarter\*\*

LRAP Award Amount


\* LRAP accepts the following documents as proof of payment:  
copies of cleared checks, copies of checks and bank statements showing checks have cleared, and loan statements showing payments indicated above have cleared (**on-line payment confirmation alone is insufficient**).

**\*\*Fax is not acceptable.**

\*\*\*Please make sure payment total is greater than or equal to LRAP Award Amount