



Employment Verification Form

Applicant completes Section A:

Last Name	First Name	Middle Initial
Employer Name		Program or Branch
Agency Address		
Job Title and Brief Description of Work ¹		
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I authorize the above-named employer to provide the information requested in Section B of this form.

Applicant Signature

Date

Employer completes Section B:

Loan Repayment Assistance Program of Minnesota requires information about the applicant’s employer and certification of an applicant’s employment status and salary. Please complete this section of the form and return it to the employee. Thank you.

Description of agency's mission	
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Description of client income criteria (e.g. 125% of federal poverty guidelines)	
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Fees, if any, charged to clients	
Dates of Employment Start Date: _____ To: _____ ("current" or date of termination)	Salary: Current Monthly Gross Salary: \$ _____ Projected Annual Gross Salary for 7/1/26-6/30/27: \$ _____ Please calculate and include any scheduled salary changes for the above time period.

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

Name and Title of certifier

Signature

Date

¹ Pursuant to our Program Guidelines, funding shall only be given to attorneys providing: 1. Legal advice or representation to low-income clients based upon financial eligibility criteria or 2. Support services for this work.