

PAYMENT VERIFICATION FORM

MINNESOTA STATE LOAN REPAYMENT PROGRAM (SLRP)

I declare that all information provided herein is true and complete to the best of my knowledge. I have read, understand, and acknowledge that pursuant to my Agreement, Section III, part 1 (b), this form and the documents requested are necessary and required by the Office of Rural Health and Primary Care for purposes of the SLRP. Failure to provide any of the information requested on this form may result in me being in violation of the Agreement.

Name (First, Middle, Last)

Date (mm/dd/yyyy)

Provide a **summary** of your loan payments made (to all designated loan servicers). **Include a statement from each loan servicer showing: (1) your name, (2) your account number, (3) the loan balance; and (4) the payment history.** As a loan repayment program participant, you must provide conclusive verification that the full amount of the loan repayment disbursement received by you has been applied toward **your** designated student loans.

Use tab key (do not use enter key) to navigate through the form to fill- in your information.

Loan servicer/bank	Account #	Total amount paid by you	Last payment date (mm/dd/yyyy)	Loan balance	Date of loan balance (mm/dd/yyyy)
TOTAL AMOUNT PAID BY YOU TO ALL LOAN SERVICER(S): (Must total at least the amount paid to you by the State)					

Please return to:

Minnesota Department of Health, Office of Rural Health and Primary Care
Attn: Loan Forgiveness Program Administrator
P.O. Box 64882 St. Paul, MN 55164-0882

Or by Email: brenda.flattum@state.mn.us

Or by Fax (651) 201-3830

For questions, please contact Brenda Flattum at (651) 201-3870 or (800) 366-5424.