DC Department of Health
Primary Care Bureau **Health Professional Loan Repayment Program**899 North Capitol Street NE, 3rd Floor
Washington, DC 20002
P: (202) 442-5892 F: 202.442.4948 EMAIL: HPLRP@dc.gov

Part A: Applicant Information (To be completed by Applicant)



Section III: Loan and Lender Information (This is the third of three sections that make up the DC HPLRP Application.)

First Name: MI: Last Name:						
Email:						
Complete Part A of Section III: Loan and Lender Information, then save and send to your lender(s).						
An application cannot be processed until Section III: Part B (or comparable information) from the lender(s) is received by the Primary Care Bureau.						
You are responsible for contacting your lender(s) to assure that the information below is sent and received.						
If your educational loans have been sold to another lender, or consolidated by a loan marketing association, submit the request for loan information to the new lender.						
Part B: Loan Data and Certification (to be completed by lender) The applicant named above is applying for a contract to repay educational loans through the District of Columbia Health Professional Loan Repayment Program (HPLRP).						
Please complete Part B of Section III: Loan and Lender Information and click "Submit" or fax to 202.442.4948 or email to hplrp@dc.gov any documentation that verifies the applicant's loan information, the total unpaid principal balance, outstanding interest, the disbursement date, and the loan type for each loan held by the lender. Although the lender is not required to submit the loan information using the form below, the lender must sign and submit the Lender's Certification on page 2.						
Please provide the HPLRP with the information requested below.						
1. Original Amount of Loan: \$						
2. Current Principal Balance: \$ Date of this Balance:						
3. Current Amount of Outstanding Interest: \$						
If other than outstanding interest, please explain:						

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4. Disbursement Date and Type of Loan:

Disbursement Date		Type of Loan (e.g. Subsidized Stafford)		Amount for Each Loan That You Service	
Date		Туре		Amount	
Date		Туре		Amount	
Date		Туре		Amount	
Date		Туре		Amount	
Date		Туре		Amount	
Date		Туре		Amount	
Date		Type		Amount	

Is/are any of the loan(s) listed above in default? Yes No

Lender's Certification

The undersigned states that, to the best of his/her knowledge, the loan(s) identified in this section is/are bona fide, legally-enforceable loan(s) made for the purpose of meeting the borrower's cost of attending a school or institution where he/she obtained clinical training.

Name of Lending Institution:							
Ü	(Please F						
Complete Address of Lending	Institution:						
•	(Number)	(Street)	(Suite Number)				
(City)	(State/Province)	(Country)	(Zip Code)				
Telephone Number:		Fax Number:					
Name/Title of Officer:							
	(Please F	Print)					
Signature:		Date:					
(Authorized (Official or Lender)						

SUBMIT FORM ELECTRONICALLY TO: hplrp@dc.gov

Or Fax: 202.442.4948
Or mail to:
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