



ATTACHMENT 2
NURSING STUDENT LOAN FORGIVENESS PROGRAM
LOAN PRINCIPAL CERTIFICATION

SECTION I: To be completed by applicant. Please print legibly in black ink. Attachment 2 must accompany the Application, when submitted for enrollment.

Please allow adequate time for the lender(s) to comply with this request and return the form(s) to you. ORIGINAL SIGNATURES ARE REQUIRED, FACIMILES (FAXES) ARE NOT ACCEPTED. If there is more than one loan, an Attachment 2 must be submitted to each lender, for each loan principal to be considered. Attachment 2 may be photocopied as needed. If the loan(s) has/have been sold to another lender or the loans are consolidated, submit Attachment 2 to the current holder of the loan(s), not the original lender. The lender's seal or stamp must be affixed to this form where indicated, or a statement on the lender's letterhead, verifying the current LOAN PRINCIPAL PAYOFF AMOUNT ONLY, must accompany this form. If you are in default status or have been in default status on your nursing student loan(s), you are not eligible for enrollment into the program.

Lender's Name: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip Code

Student Loan Pertaining to: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Name of Borrower

Dear Lender: I have applied to participate in the Florida Department of Health's Nursing Student Loan Forgiveness Program. It assists nurses in repaying the PRINCIPAL ONLY of student loans, incurred toward a nursing education. I hereby authorize you to discuss and/or release any information requested by the Florida Department of Health, Nursing Student Loan Forgiveness Program, regarding my loan(s).

As a condition of the program, I will continue to make payments on my student loan(s), in accordance with my established repayment schedule. In addition to my monthly payments, a check will be forwarded to you, annually, by the Florida Department of Health, Nursing Student Loan Forgiveness Program, to reduce my outstanding student loan PRINCIPAL balance(s) only. Please verify and provide a quote of my current PRINCIPAL PAYOFF AMOUNT ONLY, valid for at least 31 days or longer. Please complete Section II of this form, affix your stamp/seal where indicated, and return it to me at the address below. If your company has no stamp/seal, please include a statement on company letterhead, verifying the current loan PRINCIPAL payoff amount only.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip Code

Home Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LENDER INFORMATION

For program participants in the NSLFP, the Florida Department of Health will mail a state warrant, payable to the lender, after one year of approved employment by the program participant. This payment is to be applied to the outstanding PRINCIPAL ONLY of the participating nurse. If the amount of a payment exceeds the remaining unpaid PRINCIPAL, the lender is authorized to refund the difference to the Florida Department of Health, Nursing Student Loan Forgiveness Program Trust Fund. This program provides a maximum annual payment of \$4,000 per year, for up to four years. NO PAYMENT, OR PORTION OF A PAYMENT, MAY BE APPLIED TOWARD ACCRUED INTEREST ON LOANS.

The applicant is aware that the annual payment has no effect on his/her repayment schedule or obligation to the lender. The applicant is required to continue to make loan payments, as required by the loan agreement.

LENDERS: Please complete and sign Section II, and affix your stamp/seal. This form must be returned to the applicant identified above. If a lender does not have a stamp or seal, the lender must return the completed form to the applicant, with a statement on the lender's letterhead, verifying the current loan PRINCIPAL PAYOFF AMOUNT ONLY.



**SECTION II: LOAN PRINCIPAL CERTIFICATION (To be completed by the lender or holder of the student loan and must be returned to the nurse identified in Section I of this form).**

I certify that this borrower **is not in and has not been in** default status, regarding the referenced loan(s).

Current PRINCIPAL ONLY Pay-off Balance: \$ \_\_\_\_\_ Valid through Date: \_\_\_\_\_

Name of Lending Institution: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ (9 digit FEID number)

Remittance Address: \_\_\_\_\_  
Street City State Zip

Signature of Lending Institution Contact: \_\_\_\_\_

Name/Title of Contact (Print): \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Lender's Stamp or Seal Below

**REQUIRED**

Or statement on Lender letterhead verifying principal payoff quote