

# Hofstra Law School

## Loan Repayment Assistance Program

2006-2007

### Loan Repayment Assistance Program (LRAP)

Upon graduation, students who enter qualified areas of public interest employment may be eligible for LRAP to assist them with repaying their Hofstra Law School Loan debt. LRAP provides loan repayment assistance on a quarterly basis to qualified graduates. Thus far, our assistance has been limited to forgiving portions of outstanding **Hofstra University School of Law loans**.

### Criteria:

- You must have official state Bar Membership and be employed as an attorney by a government agency (local, state or federal) or by a non-profit employer satisfying Internal Revenue Code §501 (c) (3) or (4) for at least *6 months prior* to application.
- You must expect to be employed full-time in such a job during the entire calendar year. As in similar programs, judicial clerkships will **not** be included in this program.
- Your current income *cannot exceed \$56,000*. The graduate's income is calculated on the greater of (a) his or her income or (b) half the joint income of the graduate and his or her spouse. On calculating income, we will take a deduction of \$3,500 per child for dependent care.

### Required Items to Apply for Program:

1. A completed Hofstra Law School LRAP application form
2. Employer Certification Form for the applicant, completed by the employer and indicating dates of employment, job title and annual salary Employer Certification form
3. Signed photocopy of the applicant's (and spouse's) most recently filed Federal income tax return form 1040, 1040A, or 1040EZ, with all accompanying Schedules and photocopies of all W-2 forms
4. A photocopy of the Hofstra Law School Loan billing statement

Loan repayment assistance program packages are mailed to alumni yearly. Hofstra University School of Law reassesses the program guidelines in accordance with the available resources each year. If student is already in the Assistance program, the student will be required to re-apply each year by resubmitting an application with required forms to review eligibility. If while in the program, you make any changes that no longer fit the criteria of the program, you must contact the Financial Aid office immediately.

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CLASS OF \_\_\_\_\_

### SECTION I: BIOGRAPHICAL INFORMATION

SSN	
Name	
Address	

Hofstra ID	700 -
Spouse's Name	
Children's Names & ages	

Home Phone	Work Phone	Cellular Phone	E-Mail Address

### SECTION II: EMPLOYMENT INFORMATION

Notes:

- It is anticipated that the spouse of an applicant will be employed full-time. If your spouse is not employed, employed on a part-time basis, or expects to take a leave of absence, please explain the circumstances and provide any supporting documentation.
- If you or your spouse has more than one employer, please attach a separate sheet with information regarding the second employer.

APPLICANT'S INFORMATION	
Employer	
Nature of Work	
Position Title	
Dates of Employment	
Contact Person	
Address	

SPOUSE'S INFORMATION	
Employer	
Nature of Work	
Position Title	
Dates of Employment	
Contact Person	
Address	

If not apparent from the previous question, please explain how your job is a public interest position:

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	INCOME FOR 2005	SPOUSE'S INCOME FOR 2005
Total wages, salary, commissions, & fees from all employment	\$	\$
All other taxable and untaxable income, i.e., alimony, capital gains, child support, etc.	(please list) \$ \$ \$	(please list) \$ \$ \$

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	PROJECT YOUR INCOME FOR 2006	PROJECT SPOUSE'S INCOME FOR 2006
Total wages, salary, commissions, & fees from all employment	\$	\$
All other taxable and untaxable income, i.e., alimony, capital gains, child support, etc.	(please list) \$ \$ \$	(please list) \$ \$ \$

To be eligible for participation in the Hofstra University School of Law Loan Assistance Program, applicants must have official state bar membership and be employed as a lawyer by a government agency (local, state or federal) or by a non-profit employer satisfying Internal Revenue Code §501(C)(3)&(4).

Do you expect to be employed full-time in such a job during the entire 2006 calendar year?       YES       NO

### SECTION III: ASSET INFORMATION

Amount of cash or savings owned by graduate (and spouse)	\$
Amount home is worth now (Renters write in \$0)	\$
Amount still owed on home	\$

Other investments and real estate (include any stocks you own)	\$
Amount Owed	\$

### SECTION IV: APPLICANT EDUCATIONAL DEBT UNDERGRADUATE/GRADUATE

	NAME OF LENDER	TOTAL DEBT	REQUIRED '05 REPAYMENT
College Loans		\$	\$
NDSL/Perkins		\$	\$
GSL/Stafford		\$	\$
Alternative/Private Loans		\$	\$

#### LAW SCHOOL

	NAME OF LENDER	TOTAL DEBT	REQUIRED '05 REPAYMENT
Hofstra Law School Loan		\$	\$
Perkins Loan		\$	\$
Stafford Loan		\$	\$
Alternative/Private Loan		\$	\$

**At present, our assistance is limited to forgiving portions of outstanding Hofstra University School of Law loans.**

### SECTION V: INCLUSION OF INCOME TAX & OTHER INFORMATION

1. Attach copies of yours and your spouse's **2005 tax return and W-2** or submit an affidavit of non-filing. Application will NOT be considered completed unless ALL necessary signed tax forms are submitted.
2. Hofstra University School of Law has sent you a statement of your total debt obligation and expected monthly payment within a few months of graduation. **You must provide a copy of this statement.**
3. Statement from employer confirming employment and salary.

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### SECTION VI: CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this application.

I realize that **I MUST PROVIDE A STATEMENT FROM MY EMPLOYER CONFIRMING EMPLOYMENT AND SALARY.**

I am responsible for informing the Hofstra University School of Law Financial Aid office in writing, within thirty (30) days, of any change or changes in my name, address, social security number, income or employment status.

Hofstra University School of Law  
Office of Financial Aid  
121 Hofstra University, Suite 250  
Hempstead, New York 11549-1210

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## EMPLOYER CERTIFICATION FORM

### Part I: To be completed by the applicant

Name: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

I authorize my employer at \_\_\_\_\_ to provide the information requested in Part II to Hofstra University School of Law Financial Aid Office.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Part II: To be completed by the employer

The above mentioned employee has applied to a special Loan Repayment Assistance Program at Hofstra University School of Law. Part of the application process requires certification from the employer of the applicant's employment status. Please complete the following information. If you have any question, please do not hesitate to contact our office at 516-463-5929.

Date of Employment:	
Percentage Employment:	
Annual Gross Salary	
Applicant's title or job description:	

Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please mail this form to:  
Office of Financial Aid  
121 Hofstra University, Suite 250  
Hempstead, New York 11549-1210