

GETTING STARTED WITH LRAP



First and foremost, congratulations on graduating! You've taken the first step towards your long-term success, and LRAP is here to help you pursue your greatest ambitions, without worrying about loan debt.

Below is a quick overview of the LRAP process, with some helpful tips to get you started.

Ready?

- 1 Visit our website to learn more about the LRAP Assistance process.** Remember, only required loan payments made after graduation can be reimbursed.
- 2 Create a myLRAP Service Portal account to request assistance when you're ready.**
To activate your account, please upload a copy of a state-issued form of identification.
- 3 Review your LRAP Award (via the myLRAP Service Portal) and contact us with any questions.**
Check out the Assistance Estimator, to estimate how much assistance you can receive.

Get Set.

- 1 Start working (averaging 30+ hours per week)**
You are welcome to work any number of jobs, and in any industry you wish.
- 2 Contact your loan servicer/s to find out when your first loan payments are due, and look into whether your federal loans are eligible for an Income-Driven Repayment (IDR) plan.**
Remember, assistance is calculated based on what would be due if you were enrolled.
- 3 Begin making required payments on your loans (typically after a 6-month grace period)**
LRAP covers federal, private alternative and parent PLUS loans.

Request Assistance!

After the end of the first calendar quarter in which you've made required loan payments (typically Nov. or Dec. in your graduation year, for spring graduates), you are welcome to request assistance:

- 1 Compile your loan documentation to use with your first assistance request**
In addition to confirmation of your income, time-worked and loan payments, which will be needed in each quarter you request assistance, for your first request, we also need detailed information about each of your loans, to build out your loan profile.
- 2 Log in to your myLRAP Service Portal account**
Feel free to start your assistance request, which you can always save and continue later.
- 3 Submit your first assistance request**
You will then be contacted soon (within 30 days, and likely within 14 days) to either request more information, or to confirm your reimbursement is approved and on its way.

QUESTIONS?

Contact us, and we'll be happy to help.

myLRAP.org/Assistance 877.936.5727





Instructions for Requesting Loan Repayment Assistance

Dear LRAP Graduate,

Congratulations on earning your degree, and investing in yourself and your successful future!

These instructions provide information on how to receive loan payment reimbursements through the Loan Repayment Assistance Program (LRAP), as provided by your alma mater:

- **Your eligibility criteria are specified in your LRAP Award Letter and Terms & Conditions**, which you should have received upon enrollment. If you need a copy, please email Info@myLRAP.org, or log into our online Service Portal [here](#) where you will be able to review a copy.
- **LRAP assistance is provided via quarterly reimbursements on your loan payments.** To receive LRAP assistance, you must submit an assistance request in the online Service Portal at the end of any calendar quarter in which you have met the eligibility criteria for at least one full month. The request must be received within one year (365 days) after the end of the quarter for which you are seeking assistance. Details follow:

| Quarter | Quarter Ending | First Date to Request Assistance | Last Date to Request Assistance (<i>in following year</i>) |
|---------|----------------|----------------------------------|--|
| 1 | March 31 | April 1 | March 31 |
| 2 | June 30 | July 1 | June 30 |
| 3 | September 30 | October 1 | September 30 |
| 4 | December 31 | January 1 | December 31 |

- **We require you to provide documentation of your income, loan information, and payments**, and certify that you meet other eligibility requirements, as indicated on the attached LRAP Assistance Request Form.
- **All income in the quarter for which you are seeking assistance must be submitted with your request.** That is, if a pay period ‘straddles’ two quarters, you will still need to submit the pay stub for that pay period.
- **We also require a copy of your signed federal tax return by April 30th**, starting with the year you graduate through to when you earn out of the program or pay off your student loans.
- **Please note, the assistance you receive may be considered taxable income.** As such, you may wish to consult a tax advisor and consider modifying your withholding elections with your employer to have more taxes withheld during the year. Your LRAP assistance, however, will be excluded when determining your income-based assistance relative to your income thresholds.
- **Once submitted, you will hear back from LRAP soon** (within no more than 30 days, and probably within 14 days) to either request more information or clarification, or to send you your Loan Repayment Assistance.
- **If you have taken out Federal student loans**, we encourage you to contact your servicer to determine if you are eligible for any federal loan repayment assistance programs (i.e. Income-Based Repayment, or “IBR”), before submitting your LRAP Assistance Request Form. LRAP complements such programs, which may save you significant money now and in the future, depending on your specific situation.

If you have any questions, please feel free to contact us by email at Assistance@myLRAP.org or by phone at (877) 936-5727.

Again, congratulations on your accomplishment and best wishes to you for your future!

Sincerely,

Your LRAP Service Team

(877) 936-5727 | Fax (501) 423-4316 | Info@myLRAP.org
P.O. Box 1476, Bloomington, IN 47402



Assistance Request Form

Instructions: LRAP provides loan repayment assistance on a quarterly reimbursement basis. Please submit this form after the end of each calendar quarter for which you are eligible. You may email the completed form (with supporting documentation) to StudentService@myLRAP.org, fax it to (501) 423-4316, or mail it to Ardeo Education Solutions, P.O. Box 1476, Bloomington, IN 47404. In lieu of filling out this form, feel free to utilize our online Service Portal at <https://assistance.mylrap.org/>.

If you have any questions, please feel free to contact us at StudentService@myLRAP.org or 877-936-5727.

Please type or print using black or blue ink.

Contact Information

Last Name _____ First Name _____ Middle Initial _____ Maiden Name (if applicable) _____

Same as Assistance Request Form submitted last quarter.

Mailing Address _____ City _____ State _____ Zip Code _____

_____/____/____ (____) ____-____ _____/____/____
Birth Date Preferred Phone Email Address Graduation Date

College/University that Awarded You LRAP _____ Major/s _____

Employment Information

Same as Assistance Request Form submitted last quarter

I have/had multiple employers during the quarter for which I am requesting assistance

Employer One

Employer (Organization) Name _____ Title/Position _____ Start Date _____/____/____

Employment Address _____ City, State, Zip _____

Circle one: Full-Time/Part-Time **Circle one:** Salary/Hourly If Salary, hours worked per week _____

Employer Two – if more than two, please provide information on a blank page

Employer (Organization) Name _____ Title/Position _____ Start Date _____/____/____

Employment Address _____ City, State, Zip _____

Circle one: Full-Time/Part-Time **Circle one:** Salary/Hourly If Salary, hours worked per week _____

Under penalty of perjury, I (Printed Name) _____
affirm that all of the information that I have provided is true and complete, to the best of my knowledge.

Signed: _____ Date: _____

Eligibility Confirmation Please check each box that applies to confirm eligibility:

- I graduated in good-standing from the college/university that awarded me LRAP.
- I am requesting assistance for loan payments made in the following calendar quarter (*circle all months that apply*) of _____(YEAR):

| | | | | |
|---------|--------------------------|---------|----------|-----------|
| Months: | 1 st quarter: | January | February | March |
| | 2 nd quarter: | April | May | June |
| | 3 rd quarter: | July | August | September |
| | 4 th quarter: | October | November | December |
- I am current on all payments on all of my student loans.
- I was employed for at least an average of ¾ time (i.e. 30 hours per week) in each month for which I am requesting loan repayment assistance (and was or will be employed ¾ time for at least 9 months during the specified calendar year).
 - Or, I do not meet the employment criteria, but I am at home raising my children - my spouse, however, meets the employment test, and is a college graduate, and neither I nor my spouse are enrolled as graduate students. (*Please complete the Marital Information section below*)
 - Or, I do not meet the employment criteria, but am/was engaged in Extension Activities, as specified below.
- I understand that I must be earning at least the federal minimum wage to be eligible for LRAP Assistance.
- I was not self-employed, nor working as an independent contractor, and was not employed by family or relatives, nor for a business controlled by family or relatives, during the months for which I am seeking loan repayment assistance.
- I was not engaged in any Extension Activities, e.g. full-time graduate school, second bachelor's degree or working outside the U.S. during the months for which I am seeking loan repayment assistance. (*If you are/were engaged in Extension Activities, please complete the "Extension Activities Information" section below*)
- I am not married. (*Married applicants, please complete the "Marital Information" section below*)
- I am employed in the United States of America.
- I am a U.S. citizen or legal U.S. resident.
- I will provide a copy of my signed and completed federal tax return (and spouse's tax return, upon request) for this year by April 30 of the following year, including any supporting documentation. I understand future assistance may be adjusted, based on confirmed actual income levels from the prior year.
- I authorize LRAP representatives to speak with a 3rd party, as needed, regarding my information and/or request (*If checked, LRAP will send an authorization form to be completed and returned to LRAP, specifying authorized parties*).
- I understand that, if I falsify information in this Assistance Request, Ardeo Education Solutions, at its sole discretion, reserves the right to deny future assistance, and I will repay any assistance payments received, due to that false information.

Extension Activities Information

- I am/was enrolled full-time in graduate school (after graduating from the institution that awarded me the LRAP) at (Name of graduate school) _____ in (area of study) _____ from (starting enrollment date) _____ to (ending enrollment date or "Current") _____. (*If you have completed graduate school, please provide a copy of your official graduate school transcript with your request.*)
- I am/was enrolled full-time in school for a second bachelor's degree after graduating from the institution that awarded me the LRAP. (*Please provide a copy of your official transcript with your Assistance Request.*)
- I am/was working outside the U.S. (*Please provide a signed employment document from your employer or organizer, on official letterhead, stating the purpose, dates and location of this work.*)

Marital Information

- My family size, including myself, my spouse (if applicable), and other dependents is _____
- My spouse is employed at _____, in (city, state) _____, as (job title) _____.
- My spouse earned a _____ (specify type of degree/area of study) in _____ (year) from the following college or university: _____.
- I am providing documentation of all of our household income for each month for which I am requesting assistance.

Documentation Requirements

- I am enclosing documentation of all income earned for each month for which I am requesting assistance.
- I am enclosing documentation of all my undergraduate loans, including Parent PLUS loans, and their current balances.
- I am enclosing documentation confirming each required loan payment made during the quarter for which I am requesting assistance, including the amount due and date paid.

(Please review the Assistance Request Documentation Requirements, for a list of all necessary documentation)



Assistance Request Documentation Requirements

(Submitting your documentation in PDF format is encouraged)

Below is a list of the supporting documentation you will need to submit with each Assistance Request. Please note that some of the necessary information for your first Assistance Request is not required for future requests, as specified below:

| First Assistance Request | All Assistance Requests | Special Circumstances (e.g. Extension Activities, Annual Updates) |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of <u>each and all</u> of your loans, as listed on the Federal Student Aid website (http://www.studentaid.gov), as well as any private and Parent PLUS loans borrowed to fund your education, including each loan's: <ul style="list-style-type: none"> <input type="checkbox"/> Type (i.e. federal or private) <input type="checkbox"/> Term (i.e. the number of months you are scheduled to make payments, assuming the standard repayment amount) <input type="checkbox"/> Standard monthly payment amount <input type="checkbox"/> Original principal amount <input type="checkbox"/> Original disbursement date (i.e. when the loan originated) <input type="checkbox"/> Current principal amount (including, including any capitalized interest) <input type="checkbox"/> Annual interest rate (by loan) <input type="checkbox"/> My Aid Data file, which you can download from your Federal Student Aid account. Navigate to your dashboard, where you will see a summary of your loans prominently at the top, in a section called "My Aid." Click "View Details" and then "Download My Aid Data" in the top right corner. <input type="checkbox"/> Copy of your official transcript from the college or university that awarded you with LRAP, showing the date you graduated. <input type="checkbox"/> W-9 with your name, address, social security number, signature and date. You will check off the "Individual/Sole proprietor" box on the form. <input type="checkbox"/> Everything listed under "All Assistance Requests" in the middle column. | <ul style="list-style-type: none"> <input type="checkbox"/> Any demographic updates (e.g. address, phone number, etc.) <input type="checkbox"/> Documentation of loan payments for each month covered by your request. <ul style="list-style-type: none"> <input type="checkbox"/> You may submit a screen shot or page print of your payment history from your servicer's website, so long as that information includes the date paid, amount paid, and shows which loan/s were paid. <input type="checkbox"/> Documentation of current principal balances for each of your student loans, including any Parent PLUS loans. <input type="checkbox"/> Verification of income for each month covered by the current assistance request: <ul style="list-style-type: none"> <input type="checkbox"/> For hourly employment: Pay stubs, which include hours worked and periods of employment for all days in the quarter for which you are requesting assistance. <input type="checkbox"/> For salaried employment: Completed LRAP Employment Confirmation Form and pay stubs which includes periods of employment for all days in the quarter for which you are requesting assistance. <input type="checkbox"/> If your employment changed to a new salaried position since your last Assistance Request, please complete and submit the LRAP Employment Confirmation Form. <p style="text-align: center;"><u>Questions?</u></p> <p>If you have questions regarding a special circumstance, which you do not believe is addressed on this form, please contact our Student Service department for more information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email: StudentService@myLRAP.org <input type="checkbox"/> Phone: (877) 936-5727 | <ul style="list-style-type: none"> <input type="checkbox"/> If you were engaged in an Extension Activity, please submit the following documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Graduate School: official graduate school transcript <input type="checkbox"/> Second Undergraduate Degree: official undergraduate transcript <input type="checkbox"/> International Work: signed employment document from your employer or organizer, on official letterhead, stating the purpose, dates and location of this work <input type="checkbox"/> If you consolidate your loans or change loan servicer, please submit your pay off balance from your old servicer and the following from your new servicer: <ul style="list-style-type: none"> <input type="checkbox"/> Term (i.e. the number of months you are scheduled to make payments, assuming the standard repayment amount) <input type="checkbox"/> Standard monthly payment amount <input type="checkbox"/> Original principal amount <input type="checkbox"/> Original disbursement date (i.e. when the loan originated) <input type="checkbox"/> Current principal amount (including, including any capitalized interest) <input type="checkbox"/> Annual interest rate (by loan) <p style="text-align: center;"><u>Annual Documentation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Signed copy of prior year federal tax return/s, and supporting annual income documents, due no later than April 30th <input type="checkbox"/> If you recertify your Income Driven Repayment Plan please send us an updated Repayment terms with your standard monthly due. |

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ **Go to www.irs.gov/FormW9 for instructions and the latest information.**

Print or type.
See Specific Instructions on page 3.

| | | | | |
|--|--|--|--|--|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | |
| 2 Business name/disregarded entity name, if different from above | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</td> <td style="width: 75%;">4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </td> <td style="vertical-align: top;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> </table> | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
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| 5 Address (number, street, and apt. or suite no.) See instructions. | | | | |
| 6 City, state, and ZIP code | | | | |
| 7 List account number(s) here (optional) | | | | |
| Requester's name and address (optional) | | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | |
|---|---|---|---|--|---|---|---|---|
| Social security number | | | | | | | | |
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| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - |
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

