



# Florida Reimbursement Assistance for Medical Education (FRAME) |

## Loan Certification Form

**SECTION I: Applicant Authorization** (To be completed by the applicant.)  
(Only principal loan balances submitted with FRAME application will be considered.)

This form must be submitted to all of your US-based educational loan lenders. Allow adequate time for the lender(s) to comply with this request and return the form(s) to you.

***If you have more than one lender, a Loan Certification Form must be sent to each lender.***

If the loan(s) has/have been sold to another lender or the loans are consolidated, submit this form to the current holder of the loan(s), not the original lender.

<b>Applicant's Name:</b>			
<b>Social Security Number:</b>		<b>Home Telephone Number:</b>	
<b>Address:</b>			
Street	City	State	ZIP Code

**Lender:** I have applied for an award in the Florida Department of Health's FRAME program. I hereby authorize you to release the following information requested by the Florida Department of Health, FRAME, regarding my loan(s).

_____	_____	_____
Applicant's Signature	Date	Applicant's Printed Name

**SECTION II: Loan Information**

<b>Lender's Name:</b>			
<b>Lender's Complete Address:</b>			
<b>Lender's Federal Employer Identification Number (FEIN/EIN):</b>			
<b>Borrower's Account Number:</b> _____			
<b>Original Loan Amount: \$</b>	<b>Interest Rate: %</b>	<b>Loan Payment Begin Date:</b>	
<b>Monthly Payment</b>			
Principal: \$	Interest: \$	Total: \$	Due Date:
Is loan under any type of deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Deferment Ends:	
<b>Loan Balance</b>			
Principal: \$	Interest: \$	Total: \$	



**SECTION III. Loan Attestation**

**Attestation By Lender**

By signing below, I certify that:

- 1) This loan is not currently in default status,
- 2) The loan referenced in Section II of this document is for educational expenses and/or costs,
- 3) The loan referenced in Section II of this document has not been previously consolidated with any non-educational loans, and
- 4) Any payment received from the Florida Department of Health shall be applied to the outstanding principal balance only.

\_\_\_\_\_  
 Signature of staff certifying loan information      Date      Staff's Printed Name

\_\_\_\_\_  
 Staff's Title      Staff's Telephone Number

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If your lender is either unwilling or unable to complete and return this form within the application cycle, you may complete the applicant loan attestation below. In submitting the applicant loan attestation, please note the additional documentation requirements below.

Applicant Loan Attestation Supplemental Documentation Requirements:

- 1) Completion of loan information required in Section II of this document.
- 2) Documentation that your lender is unable or unwilling to complete this form before the application period ends. Copies of emails or letters are sufficient.
- 3) A copy of a loan statement or other lender-generated loan documentation that includes the information required in Section II of this document.
- 4) Your notarized signature of the attestation below.

If you are submitting your application by mail, these documents must be submitted with your application. If you are completing your application online via the FRAMEworks portal, these documents must be uploaded to your application before you can finish and submit your application.

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**Attestation By Applicant**

By signing below, I hereby attest that:

- 1) This loan is not currently in default status,
- 2) The loan referenced in Section II of this document is for educational expenses and/or costs,
- 3) The loan referenced in Section II of this document has not been previously consolidated with any non-educational loans, and
- 4) Any payment received from the Florida Department of Health shall be applied to the outstanding principal balance only.

All information and statements contained herein are true and do not misrepresent fact. I further attest that I have not evaded or suppressed any information contained in this application or in any of the supporting materials. The information I have supplied on this attestation and all supporting documentation is complete, true, and accurate.

\_\_\_\_\_  
 Applicant's Signature      Date      Applicant's Printed Name

**NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.**