

Laurie M. Tisch Loan Repayment Assistance Program (LRAP)

*** 2019 APPLICATION ***

The 2019 LRAP Application and all supporting documentation must be submitted electronically. The Application is a writable PDF (Adobe Acrobat will be required. Please download the program if it is not already installed on your computer by clicking here: [Adobe Reader](#)).

INSTRUCTIONS

Please submit the following:

- A. The 2019 Loan Repayment Assistance Program Application.
- B. A copy of your 2018 W-2 and Federal Income Tax Return.
- C. A copy of your 3 most recent pay stubs.
- D. The most recent billing statement of each educational loan for which you are responsible (the statement(s) may not be any earlier than March 2019). The statements need to include the outstanding loan balance of each educational loan.
- E. Any supporting documentation concerning your resources and/or extraordinary expenses.

If Married:

- F. A copy of your spouse's 2018 W-2 and Federal Income Tax Return.
- G. A copy of your spouse's most recent pay stub.

Submit the completed 2019 LRAP Application and ALL supporting documentation via email to: cardozolrap@yu.edu

Email Submission Instructions:

- Email subject line: 2019 LRAP Application
- Submit the Application and all supporting documentation as attachments in 1 email!

***** Submission Deadline: June 3, 2019 *****

Your application will NOT be processed if any of the required documentation is not properly submitted.

2019 CARDOZO LRAP APPLICATION

Name: _____
Last First Middle Initial

Name Under Which You Attended Cardozo (if different from above): _____

Social Security Number: _____

Address: _____
Street City State ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Graduation from Cardozo Law School (month / year): _____

Have you applied to this program before? Yes No If yes, please specify the year(s) and award(s):

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Year Award Year Award Year Award Year Award Year Award

I certify that all of the information in this application is correct and complete.

Electronic Signature (check the box): _____ Date: _____

Current Employment Information

Name of Current Employer: _____

Address: _____
Street City State ZIP

Annual Salary \$ _____ Full-Time Part-Time

If Part-Time, please give the number of hours worked per week: _____

Initial Date of Employment (month / year): _____ Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Job Title: _____

Job Description: _____

Will you be employed by more than one employer during the Program year: Yes No

Does your employer provide any program to assist with the repayment of your educational loans: Yes No

If YES, what is the total annual assistance: \$ _____

Employment History Since Graduation from Cardozo (do not duplicate current employment information)

Dates of Employment: Start _____ End _____
mm/dd/yyyy mm/dd/yyyy

Name of Employer: _____

Address: _____
Street City State ZIP

Annual Salary \$ _____ Full-Time Part-Time

If Part-Time, please give the number of hours worked per week: _____

Contact Name: _____ Phone Number: _____ Email: _____

Job Title: _____

Job Description: _____

Dates of Employment: Start _____ End _____
mm/dd/yyyy mm/dd/yyyy

Name of Employer: _____

Address: _____
Street City State ZIP

Annual Salary \$ _____ Full-Time Part-Time

If Part-Time, please give the number of hours worked per week: _____

Contact Name: _____ Phone Number: _____ Email: _____

Job Title: _____

Job Description: _____

The undersigned applicant hereby requests and authorizes the above-named employer and any other past or present employer of the undersigned to verify or otherwise furnish to Benjamin N. Cardozo School of Law of Yeshiva University the "Employment Information: called for in this application form.

Name (print)

Electronic Signature (check the box): Date: _____

If you have a spouse, you are required to have him/her complete the following section and submit the required documentation.

Spouse Employment Information

Name of Employer: _____

Address: _____
Street City State ZIP

Annual Salary \$ _____ Full-Time Part-Time

If Part-Time, please give the number of hours worked per week: _____

Initial Date of Employment (month / year): _____ Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Job Title: _____

Job Description: _____

Will you be employed by more than one employer during the Program year: Yes No

If you have student loan debt:

Does your employer provide any program to assist with the repayment of your educational loans: Yes No

If YES, what is the total annual assistance: \$ _____

The undersigned applicant hereby requests and authorizes the above-named employer and any other past or present employer of the undersigned to verify or otherwise furnish to Benjamin N. Cardozo School of Law of Yeshiva University the "Employment Information: called for in this application form.

Spouse Name (print)

Electronic Signature (check the box): Date: _____

Additional Resources

What is the total current balance of your (and your spouse's) cash, savings, and checking accounts: \$ _____

What is the current net worth of your (and your spouse's) investments (including real estate that is not your primary home). *Net worth = current value - debt*: \$ _____

Do you own your home? Yes No

If YES, Year Purchased: _____ Purchase Price \$ _____ Current Value: \$ _____

Unpaid Principal on 1st Mortgage: \$ _____ Annual Payments on 1st Mortgage: \$ _____

Do you have a 2nd mortgage / home equity loan: Yes No

If YES, Year of Loan: _____ Unpaid Principal: \$ _____ Annual Loan Payments \$ _____

Monthly Income and Expenses

Current Monthly Income	Applicant	Spouse
Gross Income	\$	\$
Overtime / Bonuses	\$	\$
Child Support / Alimony	\$	\$
Trust Fund Income	\$	\$
Rental Income	\$	\$
Capital Gains	\$	\$
Unemployment Compensation	\$	\$
Social Security Income	\$	\$
Parental Support	\$	\$
Other Familial Support	\$	\$
Other	\$	\$
TOTAL MONTHLY INCOME	\$	\$

Current Monthly Expenses *	Applicant	Spouse	Dependents
Rent	\$	\$	\$
Mortgage	\$	\$	\$
Maintenance	\$	\$	\$
Gas and Electric	\$	\$	\$
Phone	\$	\$	\$
Cable	\$	\$	\$
Internet	\$	\$	\$
Food	\$	\$	\$
Transportation	\$	\$	\$
Health Care	\$	\$	\$
Educational Expenses	\$	\$	\$
Child Care	\$	\$	\$
Consumer Debt Payments	\$	\$	\$
Car Payments	\$	\$	\$
Student Loan Payments	\$	\$	\$
Other	\$	\$	\$
TOTAL MONTHLY EXPENSES	\$	\$	\$

* If expenses are shared by all family members, the expense should be noted in the Applicant column.

Educational Loan Information

List all of your educational loans. Itemize each loan by type (Stafford, Grad PLUS, Consolidated, Perkins, Cardozo or Private), the current outstanding balance of the loan, the repayment plan (Standard, Extended, Income Based - IBR, Pay As You Earn – PAYE, Revised Pay As You Earn – REPAYE or other), the monthly payment amount, and the current repayment status. **If you are on IBR, PAYE or REPAYE, you will need to include documentation pertaining to your annual reapplication date.** If there is not enough space below to list all of your loans, please aggregate some or all of the loans by type. All of the loan information submitted below should be supported by the loan statements (refer to Instructions “D” on page 1).

	LOAN TYPE	OUTSTANDING BALANCE	REPAYMENT PLAN	MONTHLY PAYMENT	REPAYMENT STATUS
1		\$		\$	
2		\$		\$	
3		\$		\$	
4		\$		\$	
5		\$		\$	
6		\$		\$	
7		\$		\$	
8		\$		\$	
9		\$		\$	
10		\$		\$	
11		TOTAL OUTSTANDING BALANCE		TOTAL MONTHLY PAYMENT	
		\$		\$	

Income Drive Repayment Start/Reset Date: _____ **Do Not Leave Blank!**

The undersigned applicant hereby requests and authorizes the above-named lenders to verify to the Benjamin N. Cardozo School of Law of Yeshiva University the “Educational Loan Information” contained in this form.

Name (print)

Electronic Signature (check the box): _____ Date: _____

Other LRAPs

Applicants are encouraged to take advantage of any other LRAP programs (such as state, federal, or employer LRAPs). Application and receipt of other LRAPs will be considered by Cardozo's LRAP Committee, but will not necessarily disqualify an applicant.

For the previous year, please identify any LRAP programs for which you applied and received funding:

NAME / SOURCE OF LRAP	AMOUNT AWARDED	DATE AWARDED
	\$	
	\$	
	\$	
	\$	

Verification

I hereby certify that the information on this form is true and complete to the best of my knowledge. I agree to notify Cardozo's LRAP Committee of any changes in the information reported here. I understand that I may be asked to provide documentation of information provided here. I affirm that funds provided to me through Cardozo's LRAP will be used solely for loan repayment.

Name (print)

Electronic Signature (check the box): Date: _____

Submit the completed 2019 LRAP Application and ALL supporting documentation via email to: cardozolrap@yu.edu

If you have any questions, please email us at cardozolrap@yu.edu or call 212-790-0392.

