



**MARYLAND STATE LOAN REPAYMENT PROGRAM (SLRP/MLARP)  
PART IV – LENDER VERIFICATION FORM  
(Application Deadline: April 15)**

**To be completed by EACH LENDER, one form per account number  
Make as many copies of this form as necessary**

Candidate Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the information requested by the  
Maryland ~~OPPD~~.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

THIS SECTION IS TO BE COMPLETED BY THE LENDING INSTITUTION

Borrower's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Outstanding Principal: \_\_\_\_\_ Outstanding Interest: \_\_\_\_\_

**Payment information is necessary although a loan may be in deferment at the present time. If a repayment schedule has not yet been determined, please provide an estimate of the monthly payment.**

Monthly/quarterly payment amount: \_\_\_\_\_ Date first payment is/was due: \_\_\_\_\_

Please indicate payment schedule:  Monthly  Quarterly

This loan is:  Current  In default  In deferment

Has this loan ever been in default?  Yes  No If YES, when: \_\_\_\_\_

Name of lending institution to whom payment will be made: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Printed name of representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

**Please only email to:**  
[mdh.providerworkforceprograms@maryland.gov](mailto:mdh.providerworkforceprograms@maryland.gov)