

**APPLICATION FOR CONTRACT OF FEDERAL LOAN INSURANCE**

Department of Education  
Federal Student Aid

**PAPERWORK REDUCTION ACT BURDEN STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0128. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Title VII, Part A, Subpart I of the Public Health Service Act (42 U.S.C. 294m) and the Consolidated Appropriation Act, 2014). If you have comment or concerns regarding the status of your individual submission of this form, please contact the HEAL Program, U.S. Department of Education, 830 First Street NE, Washington, DC 20202 directly. [Note: Please do not return the completed form to this address.]

You can use this form to apply to participate in the Health Education Assistance Loan (HEAL) Program.

**INSTRUCTIONS**

**Item 1b.** Enter your six digit code number, which was assigned to you by the HEAL Program. If you have not previously been assigned a code number, leave this item blank. If your institution has branch offices, they are covered by the approval of the application unless those offices maintain their own loan accounting systems. In those cases a separate application(s) is required.

**Items 3 and 4.** If your institution is an instrumentality of a State (State Loan Agency), you are not required to complete Items #3 and #4.

**Item 5.** Enter the regulatory (Federal or State) agency:-

You must attach supporting documents to show that your institution is capable of complying with the HEAL Statute, regulations, and policy directives. In addition to other information you may wish to submit, you must submit the following:

- If the applicant is a commercial institution, a copy of the latest Annual Report;
- If the applicant is a lender for other Federal/State programs, a copy of your latest Call Report showing the loan activities (delinquency/default rates, etc.);
- If the applicant is a State Agency, a copy of your latest State Agency reports submitted to the Department of Education showing loan activities (delinquency/default rates, etc.).

**CONTACT INFORMATION**

In the next column please provide the requested information of the officials who will serve as the points of contact to receive the following. (You must report any directory changes occurring during the application period to the HEAL Program.)

**CODE NUMBER**

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**•Quarterly Interest Rate Announcements:**

CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
 FAX NO. (\_\_\_\_) \_\_\_\_\_

**•Quarterly Reports on HEAL Loans Outstanding:**

CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
 FAX NO. (\_\_\_\_) \_\_\_\_\_

**•Policy and Procedures Questions:**

CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
 FAX NO. (\_\_\_\_) \_\_\_\_\_

**•Loan and Disbursement Processing:**

CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
 FAX NO. (\_\_\_\_) \_\_\_\_\_

**•Claims Questions:**

CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
 FAX NO. (\_\_\_\_) \_\_\_\_\_

**•Entity serving as your Loan Servicer:**

CONTACT NAME: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
 FAX NO. (\_\_\_\_) \_\_\_\_\_

**•Customer Service Contact Number(\_\_\_\_)\_\_\_\_\_**

DEPARTMENT OF EDUCATION FEDERAL STUDENT AID  <b>APPLICATION FOR CONTRACT          OF FEDERAL LOAN INSURANCE</b> (Authority: 42 U.S.C. 292-292o)	<b>FORM APPROVED</b> OMB NO. 1845-0128 EXP. DATE 09/30/2015  DATE OF APPLICATION
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PLEASE FORWARD ONE EXECUTED APPLICATION AND REQUIRED ATTACHMENTS TO:

**DEPARTMENT OF EDUCATION  
 PROGRAM SUPPORT CENTER (PSC) - HEAL PROGRAM  
 12501 Ardennes Avenue  
 Suite 100  
 Rockville, MD 20857**

We hereby apply for a contract under the provisions of Title VII, Part A, Subpart I of the Public Health Service Act (42 U.S.C. 292-292o) and the Consolidated Appropriations Act, 2014 and the regulations of the Secretary issued there under. We submit this application for the period \_\_\_\_\_ to \_\_\_\_\_ and the attached information, incorporated in and made a part hereof (see instructions).

1a. NAME (Exact corporate title) AND ADDRESS (Street, City, State and Zip Code)	1 b. CODE NUMBER  <b>CODE NUMBER</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>						

2. TYPE OF INSTITUTION (Check applicable box)

<input type="checkbox"/> NATIONAL BANK	<input type="checkbox"/> STATE SAVINGS AND LOAN	<input type="checkbox"/> INSURANCE COMPANY
<input type="checkbox"/> STATE BANK (Member FDIC)	<input type="checkbox"/> FEDERAL CREDIT UNION	<input type="checkbox"/> PENSION FUND
<input type="checkbox"/> STATE BANK (Nonmember FDIC)	<input type="checkbox"/> STATE CREDIT UNION	<input type="checkbox"/> SCHOOL LENDER
<input type="checkbox"/> FEDERAL SAVINGS AND LOAN	<input type="checkbox"/> MUTUAL SAVINGS BANK	<input type="checkbox"/> OTHER (Specify) _____

ITEMS 3 and 4 TO BE COMPLETED BY ALL APPLICANTS EXCEPT FOR ACADEMIC INSTITUTIONS OR STATE LOAN AGENCIES.

3. DATE ORGANIZED	4. INCORPORATED UNDER LAWS OF
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5. WE ARE SUBJECT TO (Check applicable box)

FEDERAL SUPERVISION                       STATE SUPERVISION                       OTHER

BY:

I agree to develop and follow written procedures for servicing and collection of HEAL loans. Although HEAL Policy 2004-1 no longer requires biennial audit be conducted as specified in Section 60.42(d), we strongly encourage you to conduct such an audit. I also agree to incorporate any of our servicing and collection procedures used for our other loans of comparable dollar value that are more stringent than those required by Sections 60.34 of the HEAL regulations.

In addition, I certify that neither this institution, nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency Sub-awardees (e.g., other corporations, partnerships, or other legal entities) have also provided the same certification to this institution.

SIGNATURE OF OFFICER	TYPED NAME AND TITLE OF OFFICER	DATE
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**WARNING: Any persons who knowingly makes a false statement or misrepresentation in a HEAL transaction, bribes, or attempts to bribe a Federal official, fraudulently obtains a HEAL Loan or commits any other illegal action in connection with a HEAL loan is subject to a fine or imprisonment under Federal statute.**

<b>FOR GOVERNMENT USE ONLY</b>	
<input type="checkbox"/> APPROVED  <input type="checkbox"/> DISAPPROVED	