DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION

CONTROL NO.	LOAN PROGRAM *(X one)*	Form Approved OMB No. 0704-0152 Expires May 31, 2006
	☐ ACTIVE DUTY LRP ☐ HEALTH PROFESSIONALS LRP ☐ SELECTED RESERVE LRP	

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0152), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK b.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2171, 2173, 16301, 16302, and EO 9397, November 1943 (SSN).
PRINCIPAL PURPOSE: To administer the DoD Loan Repayment Program.
ROUTINE USES: Release is restricted to the Department of Education, to the U.S. Public Health Service, to public and private higher educational institutions, to financial institutions, to the Internal Revenue Service, to private bill collection agencies. The information provided may be used in computer matching programs within the DoD or with any other affected Federal Agency for verification to determine your eligibility and/or compliance with the benefit program requirements being applied for herein and to effect recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary.
DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay processing of your LRP application.

1. PERSONNEL OFFICE VERIFICATION *(To be completed by the designated personnel officer)*

a. DESIGNATED PERSONNEL OFFICE/UNIT NAME		b. ADDRESS *(Include ZIP Code)*
c. TELEPHONE NUMBER *(Incl. Area Code)*	d. ENTITLEMENT DATE *(YYYYMMDD)*	

e. VERIFYING OFFICIAL. I certify that this servicemember has performed satisfactorily.

(1) NAME *(Last, First, Middle Initial)*	(2) SIGNATURE	(3) DATE SIGNED *(YYYYMMDD)*

2. SERVICEMEMBER DATA *(To be completed by servicemember)*

a. NAME *(Last, First, Middle Initial)*		b. ADDRESS *(Street, City, State, and ZIP Code)*	
c. SOCIAL SECURITY NO.	d. TELEPHONE NO. *(Incl. Area Code)*	I authorize the release of my financial data by lender/holder to complete entries in Section 4.	
e. E-MAIL ADDRESS	f. TOTAL OF PRIOR PAYMENTS	g. SIGNATURE	h. DATE SIGNED *(YYYYMMDD)*

3. LOAN DATA *(To be completed by servicemember)*

a. NAME ON THE LOAN *(Last, First, Middle initial)*	b. ORIGINAL DATE OF PROMISSORY NOTE *(YYYYMMDD)*	c. ORIGINAL LOAN AMOUNT
d. LOAN _____ OF _____ LOANS	e. LOAN ACCOUNT NUMBER	f. LOAN HOLDER NAME
g. LOAN HOLDER ADDRESS *(Include ZIP Code)*		h. TELEPHONE NUMBER *(Include Area Code)*

4. LENDER VERIFICATION *(To be completed by loan holder)*

a. LOAN STATUS *(X one)*	b. UNPAID PRINCIPAL BALANCE	c. OUTSTANDING BALANCE
☐ PAYMENTS BEING MADE ☐ IN DEFAULT ☐ DEFERRED ☐ FORBEARANCE		

d. NAME AND ADDRESS OF INSTITUTION WHERE PAYMENT IS TO BE SENT *(Include ZIP Code)*	e. FEDERAL TAX IDENTIFICATION NO.
	f. TYPE OF LOAN *(See Instructions)*
	g. IS THIS A CONSOLIDATED LOAN? ☐ YES ☐ NO

h. CERTIFYING OFFICER. As an official of the holding institution, I verify that this information is correct and current. Copy of the promissory note is enclosed.

(1) NAME *(Last, First, Middle Initial)*	(2) TITLE	(3) SIGNATURE	(4) DATE SIGNED *(YYYYMMDD)*

FORWARD THIS FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK b.

5. REMARKS *(Continue on back if necessary)*

5. REMARKS *(Continued)*

DD FORM 2475,
"DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION"
INSTRUCTIONS

SECTION 1. PERSONNEL OFFICE VERIFICATION
(To be completed by the designated personnel officer.)

1.a. This is the office that will verify your entitlement to loan repayment and process this application. In some components it is the local unit, in others it is the Personnel Command. Check with your unit personnel officer if in doubt.
1.b. - c. Self-explanatory.
1.d. Enter the date this loan is eligible for repayment *(YYYYMMDD)*.
1.e. The personnel officer's signature verifies the Servicemember has performed satisfactorily and is entitled to loan repayment for this period.
1.e.(3) The date the personnel officer signed the form *(YYYYMMDD)*.

SECTION 2. SERVICEMEMBER DATA
(To be completed by servicemember.)

2.a. - e. Self-explanatory.
2.f. Enter the total amount of money that has been paid by the military under the Loan Repayment Program on your education loans.
2.g. - h. Self-explanatory.

SECTION 3. LOAN DATA
(To be completed by servicemember.)

3.a. Name as it appears on the promissory note.
3.b. - c. Self-explanatory.
3.d. Loan ___ of ___ Loans. A separate DD Form 2475 must be completed for each loan if Servicemember has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.
3.e. Loan Account Number of the current loan holder (usually found on payment book or coupon or on promissory note).
3.f. - h. Identify the name, address, and telephone number of the institution that currently holds your loan. Please list any additional contact information in Section 5, Remarks.

SECTION 4. LENDER VERIFICATION
(To be completed by loan holder.)

4.a. Mark X in the appropriate box.
4.b. Self-explanatory.
4.c. Principal plus interest, plus any fees. Please specifically list the fees in Section 5, Remarks.
4.d. Complete this block only if different than the one listed in 3.f. and 3.g.
4.e. Loan holder must provide their Federal tax identification number for tax withholding.
4.f. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; or William D. Ford Federal Direct Loan.
4.g. If multiple loans have been consolidated, mark (X) "Yes" or "No" indicating consolidating action.
4.h. Self-explanatory.

After completion and signature, the personnel records custodian will forward this form to the address listed in Section 1, block b.

SECTION 5. REMARKS.
Use this section to enter additional information that will assist in processing this application.