



PSLF

PUBLIC SERVICE LOAN FORGIVENESS (PSLF) & TEMPORARY EXPANDED PSLF (TEPSLF) CERTIFICATION & APPLICATION

William D. Ford Federal Direct Loan (Direct Loan) Program

OMB No. 1845-0110
Form Approved
Exp. Date 08/31/2023
PSFAP - XBCR

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN

Date of Birth

Name

Address

City State Zip Code

Telephone - Primary

Telephone - Alternate

Email

For more information on PSLF, visit StudentAid.gov/publicservice. To apply online, visit StudentAid.gov/PSLF.

SECTION 2: BORROWER REQUEST, UNDERSTANDINGS, AND CERTIFICATION

I request (1) that the U.S. Department of Education (the Department) determine whether I qualify for PSLF or TEPSLF, and discharge any qualifying loans that I have, and (2) if none of my loans qualify for PSLF or TEPSLF when I submit this form, determine how many qualifying payments I have made towards PSLF and TEPSLF.

- I just want to find out how many qualifying payments I have made towards PSLF and TEPSLF. My employer is a qualifying employer.
- I believe I qualify for forgiveness under PSLF or TEPSLF.
- If I indicated that I believe I qualify for forgiveness now, I understand that periods of forbearance do not count towards forgiveness while my application is being processed, but I understand that periods of forbearance do count towards forgiveness.

I understand that:

1. To qualify for forgiveness, I must have made 120 qualifying payments on my Direct Loans while employed full-time by a qualifying employer. The 120 qualifying payments nor employment have to be consecutive.
2. To qualify for forgiveness, I must be employed full-time by a qualifying employer when I apply for and get forgiveness.
3. By submitting this form, my loan(s) held by the Department may be transferred to MOHELA.
4. If the Department determines that I appear to be eligible for forgiveness, the Department may contact my employer before forgiveness is granted to ensure that I continue to work for the employer.
5. If I am eligible for forgiveness, the amount forgiven will be the principal and interest that was due on my eligible Direct Loans when I made my final qualifying payment. Any amount that I pay on those loans after I have made my final qualifying payment will be treated as an overpayment. I must continue to make payments on any of my other loans.
6. If I am not eligible for forgiveness, I will be notified of the determination, why it was made, and how many qualifying payments I have made towards PSLF and TEPSLF.

I certify that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief and that if I cease to be employed by a qualifying employer after I submit this application, but before forgiveness is granted, I will notify the Department (see Section 7) immediately.

- Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment. **Complete Section 3, but do not complete Section 4.**

Borrower's Signature _____

Date

Borrower Name _____

Borrower SSN _____

SECTION 3: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)

1. Employer Name:

2. Federal Employer Identification Number (FEIN)

3. Employer Address:

4. Employer Website (if any):

5. Employment Begin Date:

6. Employment End Date:

OR

Still Employed

7. Employment Status: Full-Time Part-Time

8. Hours Per Week (Average): _____

Include vacation, leave, and any leave taken under the Family Medical Leave Act of 1993.

9. Is your employer a governmental organization?

A governmental organization is a Federal, State, local, or tribal government organization, agency, or entity, a public child family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps. Federal service includes military service.

Yes - Skip to Section 4.
 No - Continue to Item 10.

10. Is your employer tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC)?

If your employer is tax-exempt under another subsection of 501(c) of the IRC, such as 501(c)(4) or 501(c)(6), check "No" to this question.

Yes - Skip to Section 4.
 No - Continue to Item 11.

11. Is your employer a **not-for-profit** organization that is **not** tax-exempt under Section 501(c)(3) of the Internal Revenue Code?

Yes - Continue to Item 12.
 No - Your employer does not qualify.

12. Is your employer a political organization or a labor union?

Yes - Your employer does not qualify.
 No - Continue to Item 13.

13. Do any of the following services of your employer provide? Check all that apply and then continue to Section 4. If you check "None of the above", do not complete this form.

- Emergency management
- Military service (See Section 6)
- Public safety
- Law enforcement
- Public interest legal services (See Section 6)
- Early childhood education (See Section 6)
- Public service for individuals with disabilities
- Public service for the elderly
- Public health (See Section 6)
- Public education
- Public library services
- School library services
- Other school-based services
- None of the above - the employer does not qualify.

SECTION 4: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)

By signing, I certify (1) that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, (2) that I am an authorized official (see Section 6) of the organization named in Section 3, and (3) that the borrower named in Section 1 is or was an employee of the organization named in Section 3.

Note: If any of the information is crossed out or altered in Section 3, you must initial those changes.

Official's Name _____ Official's Phone _____

Official's Title _____ Official's Email _____

Authorized Official's Signature _____

Date _____