

CALIFORNIA STUDENT AID COMMISSION
SPECIALIZED PROGRAMS OPERATIONS BRANCH
P.O. BOX 419027
RANCHO CORDOVA, CA 95741-9027

**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE) PARTICIPANT STATUS VERIFICATION FORM**

As a participant in the APLE program, the California Student Aid Commission (Commission) continues to monitor your status until you satisfy the terms of your signed Loan Assumption Agreement (LAA). As an APLE participant you are receiving a Participant Status Verification Form to verify your teaching service for the 2018-19 academic year. Your program eligibility is based on the teaching service you provide during each school year (July 1 through June 30). To receive APLE benefits you are required to teach full-time or part-time for each academic year at a California public school, as specified in our Loan Assumption Agreement.

Last Name: _____ First Name: _____ SSN: _____
Primary Phone: _____ Email address: _____
Mailing Address: _____ City: _____ Zip: _____

EDUCATION

1. Do you currently hold a valid Preliminary or Clear teaching credential? ☐ Yes ☐ No

If yes, list your credential type and date: _____

EMPLOYMENT

1. Are you currently teaching at a California public school in California? ☐ Yes ☐ No

If **Yes**, I am currently a teacher at the following school:

Full School Name: _____

County Name: _____ District Name: _____

If **No**, explain why: _____

LOANS

1. Do you currently have an outstanding balance on a subsidized or unsubsidized student loan from either the Direct Loan Program (DL) or Private Loan? ☐ Yes ☐ No

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature

Date