ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2014 Loan Balance Verification Form

LENDERS MUST COMPLETE AND RETURN THIS FORM TO:

California Student Aid Commission – Specialized Programs
P.O. Box 419029, Rancho Cordova, CA 95741-9029
(888) 224-7268 #4 E-Fax (916) 464-7521

The California Student Aid Commission (Commission) is authorized to assume portions of the following APLE participant's educational loan debts. If the Commission determines that the participant is eligible for APLE benefits, an assumption payment will be issued to your lending institution.

SECTION I: TO BE COMPLETED BY PARTICIPANT (please print or type)

I hereby authorize a lending institution official to complete and release, to the Commission, the information requested below.

PARTICIPANT'S NAME _____ PARTICIPANT'S SSN _____ PARTICIPANT'S SIGNATURE _____ DATE _____

AFTER YOU HAVE COMPLETED SECTION I,
FORWARD THIS FORM TO YOUR LENDER TO COMPLETE SECTION II.

SECTION II: TO BE COMPLETED BY A LENDING INSTITUTION OFFICIAL (please print or type)

~IF THE LOAN HAS BEEN SOLD, PLEASE FORWARD THIS FORM TO THE NEW LENDER/SERVICER~

ACCOUNT #	LOAN TYPE	CONSOLIDATED please circle	SUB OR UNSUB	INTEREST RATE	DISBURSEMENT DATE	JUNE 30, 2014 PAYOFF AMOUNT	COMMISSION/EDFUND GUARANTEED please circle	IF DEFAULT please circle
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N
		Y / N				$	Y / N	Y / N

TOTAL: $

PLEASE INDICATE WHERE THE APLE PAYMENT IS TO BE SENT:

LENDER/SERVICER NAME _____ 7 DIGIT LENDER CODE _____

ADDRESS WHERE PAYMENT IS TO BE SENT _____ CITY _____ STATE _____ ZIP _____

By my signature, I certify under penalty of perjury that the information provided on this form is, to the best of my knowledge, correct and accurate. I understand if this form is not returned by the deadline of **June 30, 2014**, the participant will be withdrawn from the APLE program.

SIGNATURE OF LENDING INSTITUTION OFFICIAL _____ PRINTED NAME OF OFFICIAL _____

E-MAIL ADDRESS _____ TELEPHONE NUMBER _____ DATE _____

CALIFORNIA STUDENT AID COMMISSION

T-121 (13/14)