

**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2019 Loan Balance Verification Form**

LENDERS MUST COMPLETE AND RETURN THIS FORM TO:

California Student Aid Commission – Specialized Programs P.O. Box 419027, Rancho Cordova, CA 95741-9027 (888) 224-7268 #4 E-Fax (916) 464-7521 or Email: aple@csac.ca.gov

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	PAYOFF AMOUNT As of June 30, 2019	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

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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 I understand if this form is not returned by the deadline of **June 30, 2019**, the participant will be withdrawn from the APLE program.

SIGNATURE OF LENDING INSTITUTION OFFICIAL

PRINTED NAME OF OFFICIAL

E-MAIL ADDRESS

TELEPHONE NUMBER

DATE

