

Teacher Loan Forgiveness (TLF) Application Walkthrough



TEACHER LOAN FORGIVENESS APPLICATION

William D. Ford Federal Direct Loan (Direct Loan) Program Federal Family Education Loan (FFEL) Program

OMB No. 1845-0059 Form Approved Exp. Date 09/30/2023

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 IDENTIFICATION Please enter or correct the following information. ☐ Check this box if any of your information has changed. If you download the form online, you need to fill out everything as you see in this example. Name Address If you log in to your account State Zip Code anddownload the pre-filled Telephone - Primary form, be sure towrite in your SSN and phone numbers. Telephone - Alternate Email (Optional) SECTION 2: LOAN FORGIVENESS REQUEST (TO BE COMPLETED BY THE BORROWER) READ SECTIONS 7 - 10 BEFORE COMPLETING THE APPLICATION. The information you provide may be subject to verification. I request forgiveness on my Direct Loan and/or FFEL program loans based on my employment as a full-time teacher for at least five consecutive, complete academic years. During that five-year period, I taught (check all that apply): ☐ at an eligible **elementary school** ☐ at an eligible **secondary school** ☐ for an eligible **educational service agency** Be sure both selections are either "elementary" or "secondary." **AND** I was (check all that apply): A highly qualified full-time special education teacher for elementary school children with disabilities (forgiveness of up to \$17,500). A highly qualified full-time special education teacher for secondary school children with disabilities (forgiveness of up to A highly qualified full-time mathematics teacher for secondary school students (forgiveness of up to \$17,500). A highly qualified full-time science teacher for secondary school students (forgiveness of up to \$17,500). A highly qualified full-time secondary education teacher, or (only if my teaching service began before 10/30/2004) a fulltime secondary education teacher in a subject area relevant to my academic major (forgiveness of up to \$5,000). A highly qualified full-time elementary education teacher, or (only if my teaching service began before 10/30/2004) a fulltime elementary education teacher and I demonstrated knowledge and teaching skills in reading, writing, mathematics, and other areas of the elementary school curriculum (forgiveness of up to \$5,000).

It's okay to select more than one box if applicable, BUT - only select options with the same amount (\$17,500 or \$5,000) listed. You can only apply for 1 amount.



Teacher Loan Forgiveness (TLF) Application Walkthrough, Continued

If you log in to your account and download the pre-filled form, be sure to write in your SSN here – even if your account number is also printed.

| Borrower Name | Borrower SSN | |
|--|---|---|
| SECTION 3: PREVIOUS | LOAN FORGIVENESS INFORMATION (TO BE COMPLETED I | BY THE BORROWER) |
| | plied for or received loan forgiveness from a loan holder or se re submitting this application for Teacher Loan Forgiveness? | ervicer other than the loan holder/ |
| ☐ No - Skip to Section | 14. If you check "No," leave all lines and boxes above b | olank. Check "No" if you were previously den |
| Yes - Check the app | propriate box below and provide the requested information. | |
| Provide the loar I applied for and and forgiveness Loan Holder Name Telephone or Web Forgiveness Amoun | | eness Amount" blank. d below. Provide the loan holder/servicer If you've previously applied for loan forgiveness, check "Yes," select the situation that best describes yours, and provide the requested informatio |
| continue making regular forgiveness; (3) if I am proposed for forbearance to resolve to may be capitalized. I certify that: (1) the informations and terms at I authorize the entity to | eless I notify my loan holder that I want to continue making rear payments while my application is being reviewed, this may best due on payments when this application is processed, my the delinquency; and (4) any unpaid interest that accrues during formation I provided in Sections 1-3 is true and correct; and (2 and conditions in Sections 8-10, and I meet the eligibility required which I submit this request and its agents to contact in ber that I provide now or in the future using automated | reduce the amount of my loan loan holder may grant a separate ing each of these forbearance periods 1) I have read and understand the |
| prerecorded voice or te | ber that I provide now or in the lattice asing automated | r input a date as mm-dd-yyyy. |
| Borrower's Signature | Date | |
| SECTION 5: CHIEF ADM | MINISTRATIVE OFFICER'S (CAO'S) CERTIFICATION (TO BE C | OMPLETED BY THE CAO) |
| Carefully read Section | s 7-10. Return the completed form to the applicant identi | fied in Section 1. |
| specified in Sections 8-7 teacher as defined in Se | my knowledge and belief, that: (1) the applicant has met the r 10, and (2) during the period for which the applicant is seekin ections 8 and 9 and taught full time for one or more consecuti pools or educational service agencies (ESAs) in the capacity tha to | ye, co |
| School (not school disti | rict) or FSA Name | |
| Check here if thi | s is a school operated by the Bureau of Indian Education (BIE) | |
| School or ESA Address | (Street, City, State, Zip Code) | e TCLI directory on StudentAid.gov |
| | | |
| School District | County | |
| CAO's Name and Title (| | |
| CAO's Signature | | Date |
| Telephone | Email (Optional) | Signature date must be: |
| | Everything in this section is required except email. | After service end date In mm-dd-yyyy format |