

Licensure

Are you licensed to practice law in Oregon? Yes No

Oregon State Bar Passage Date

Oregon State Bar Number

If not licensed in Oregon, when do you estimate you will be licensed? _____

How many total years practicing in public service law? _____

Program Eligibility – Please answer either question #1 **OR** #2 **OR** #3, **AND** question #4.

1. As of April 15, 2024, is your gross income (your income before taxes and deductions) \$85,000 or less?

Y N

OR

2. If you are a private public defender, as of April 15, 2024, is your net income \$85,000 or less?

Y N

OR

3. If you are a rural practitioner, as of April 15, 2024, is your gross income (your income before taxes and deductions) \$85,000 or less?

Y N

AND

4. Is your total eligible debt at least \$35,000? Y N

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The application continues on the following page.

Section B: Employment *(contains CONFIDENTIAL information)*

Please attach a current resume.

Complete the information below for your current employer. If not currently employed, complete the information below for your prospective employer. To be eligible to receive LRAP funds, recipients must begin qualified employment no later than April 15, 2024, and must provide an updated Employment Verification form confirming employment by April 15, 2024.

Employment Category: Civil legal aid Other non-profit Public defender
 Prosecutor Private public defender Rural practitioner

Employer: _____ Phone: _____

Address: _____

Applicant's Job Title: _____ Date of Hire: _____

Supervisor: _____ Number of working hours per week: _____

Duties/Nature of Work: _____

Annual Salary (or gross income if a private public defender) as of April 15, 2024: _____

Section C: Income and Expenses *(contains CONFIDENTIAL information)*

Income

Please report your income as reported on your last year's federal income tax form 1040. If you filed jointly, please estimate the value for applicant only.

Wages and salaries	\$	-
Total interest income	\$	-
Total dividend income	\$	-
Business income	\$	-
Alimony/child support	\$	-
Unemployment compensation	\$	-
Rental income	\$	-
Trust fund income	\$	-
Other income (specify)	\$	-
TOTAL	\$	-

◀ Does this amount include a taxable LRAP? Y N

Double click on the tables to fill in the information.

Please describe any significant assets you own or control that could be used to repay your student debt:

Benefits

Benefit	Monthly Premium	Annualized
Employer provided health insurance		\$ -
Employer provided life insurance		\$ -
Employer provided cafeteria plan		\$ -
Employer provided dental insurance		\$ -
Employer provided disability insurance		\$ -
Employer provided vision insurance		\$ -
Employer provided retirement benefits		\$ -
Any other employer provided benefits		\$ -
TOTAL	\$ -	\$ -

Expenses

Expense	Monthly	Annualized
Child Care Expenses		
Alimony/Child Support Paid		
Employee Contributions to health insurance		
Total	\$ -	\$ -

Please describe any other extraordinary expenses: _____

Other LRAPs

Do you anticipate receiving any other loan repayment assistance in 2024? Yes No

If yes, list program and amount: _____

If yes, did you include this amount in your gross wages listed under Anticipated 2024 Annual Salary?
 Yes No

Section D: Educational Debt (contains CONFIDENTIAL information)

To be completed by applicant for all post-secondary educational loans. If loans are consolidated with another individual, include only the amount in the applicant's name prior to consolidation.

Loans eligible for repayment assistance are undergraduate, graduate, and law school loans made by the government or an institutional provider for the education of the applicant. Family and personal loans for the education of the applicant may be considered if supported with documentation. Please list all of eligible loans and totals at the bottom of the page. Please indicate whether you are using income based or income contingent repayment for any loans.

I understand that failure to provide all requested information in compliance with program guidelines and deadlines may result in my ineligibility to receive assistance under this program.

I agree to notify Oregon State Bar of any changes to my personal or financial situation, such as changes in employment, salary, address, etc. within one month of the occurrence.

I acknowledge I have read the LRAP Policies and Guidelines and agree any assistance that I receive is subject to, and governed by, these Policies and Guidelines. I understand these Policies and Guidelines may be modified in the future by the LRAP Advisory Committee.

I certify that all the information on this application is true and complete to the best of my knowledge.

Signature of Applicant

Date

_____ The Oregon State Bar may use my name for LRAP publicity.
(If Yes, Initial)

Oregon State Bar LRAP loans are determined without consideration of race, color, religion, sex, national origin, ancestry, or any other protected class.