

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH AND RESOURCES SERVICES ADMINISTRATION  
BUREAU OF HEALTH PROFESSIONS

**FEDERAL HEAL REFINANCING LOAN APPLICATION AND/OR PROMISSORY NOTE**

**WARNING:** Any person who knowingly makes a false statement or misrepresentation in a HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan or commits any other illegal action in connection with a Federal HEAL loan is subject to a fine or imprisonment under Federal statute.

**SECTION I--TO BE COMPLETED BY APPLICANT**

1a. NAME (Last) (First) (M.I.)	2. SOCIAL SECURITY ACCOUNT NUMBER (SSN)  _____
1b. OTHER NAME USED (Last) (First) (M.I.)	3. DATE OF BIRTH (Month/Day/Year)
4. CURRENT ADDRESS (Number) (Street) (Apartment number)  (City) (State) (Zip Code)	5a. DAYTIME TELEPHONE (Area Code - Number) ( )
6a. (circle one) Graduated Y N Withdrew Y N	5b. EVENING TELEPHONE (Area Code - Number) ( )
6b. GRADUATION/WITHDRAWAL DATE (Month/Day/Year)	7. DRIVER'S LICENSE NUMBER (State)

**8. EMPLOYER INFORMATION**

Name of Company/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone (Area Code - Number): ( ) \_\_\_\_\_

**9. REFERENCES:** You must provide two separate references with different U.S. addresses. The **first** reference must be nearest relative other than spouse or spouse's parents not living in the same household, and the **second** reference must be the spouse, or if not married, a living relative, or if neither, a life-long friend.

Name	a. _____	b. _____
Permanent Address	_____	_____
City, State, ZIP code	_____	_____
Telephone: (Area Code - Number)	( ) _____	( ) _____

**SECTION II--TO BE COMPLETED BY APPLICANT**

**BORROWER AUTHORIZATION:**

I hereby authorize my current Federal HEAL lenders/holders to release Federal HEAL Loan information requested by the Refinancing Lender or its agent, for purposes of verifying student loan information in order that I may consolidate my Federal HEAL loans into a Federal HEAL Refinancing loan. I also authorize the Refinancing Lender, its Agent, or any subsequent holder to check my credit history and to discuss my credit history with my lenders and to share any information concerning my Federal HEAL loans that my Refinancing Lender requests in connection with such loan consolidation. A copy of this authorization may be deemed to be an original.

By my signature below, I also certify that I have (1) graduated or withdrawn from an eligible Federal HEAL school and (2) no refinanced loan application is pending with another lender.

SIGNATURE OF APPLICANT FOR SECTIONS I AND II.	DATE
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**PROMISSORY NOTE: TO BE COMPLETED BY REFINANCING LENDER**

This Promissory Note represents a consolidation of all of my Federal HEAL loans, as identified below. The word "Note" refers to this Promissory Note. In this Note, the words "I", "me" or "my" refer to the Borrower whose signature appears on the last page of this Note. The word "Lender" refers to the Refinancing Lender or any subsequent holder to whom this Note is assigned. "Loan" refers to the Federal HEAL Refinancing Loan which the Lender is making to me.

**PROMISE TO PAY**

I, \_\_\_\_\_, the borrower, promise to pay to \_\_\_\_\_, the Refinancing lender or the subsequent holder of this Note, such Principal Amount as is advanced on my behalf, plus interest on the principal sum as set out below, and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due. ***I understand that the amount of my loan will be based on the pay-off balances of loans Refinanced as provided by the creditors of such loans and may exceed the estimate of such pay-off balances.***

\_\_\_\_\_, the Refinancing lender or the subsequent holder of this Note, such Principal Amount as is advanced on my behalf, plus interest on the principal sum as set out below, and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due. ***I understand that the amount of my loan will be based on the pay-off balances of loans Refinanced as provided by the creditors of such loans and may exceed the estimate of such pay-off balances.***

**LOAN INFORMATION:** This Note represents a consolidation of all HEAL loans, as identified below:

Holder / Lender (Name & Address)	Servicer	Original Principal Amount of Loan	Approximate Current Balance
GRAND TOTAL (including any loans listed on Addendum Sheet) . . . . .			

**NOTE:** If additional lines are needed use addendum and attach to this promissory note.

**The Lender and I further understand and agree that:**

**NOTIFICATION**

I must immediately notify the lender (in this Note, the term "lender" includes a subsequent holder of the Note) in writing if any of the following occurs to me before the loan is repaid in full: 1) change of address, 2) name change (e.g., maiden name to married name), 3) failure to begin any activity eligible for deferment status, or 4) cessation of participation in an activity eligible for deferment status.

**INTEREST**

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every 12 months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me. **The frequency with which interest that is not paid shall be added to the principal sum of this Note shall be as follows:**

2. Interest shall accrue and be payable at a yearly rate of interest which may not exceed a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure up to the nearest one-eighth of one percent. **The rate of interest applied to this Note shall be as follows:**

3. Any change in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

**PREPAYMENT**

I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time.

**THE TERMS OF THIS NOTE ARE CONTAINED ON ALL THREE PAGES (INCLUDING AN ADDENDUM, IF APPLICABLE) OF THIS DOCUMENT.**

**FEDERAL HEALTH EDUCATION ASSISTANCE LOAN PROGRAM**  
**Addendum to**  
**Promissory Note--Refinanced Loan**

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Borrower's Name \_\_\_\_\_ SSN \_\_\_\_\_

**ADDITIONAL STUDENT LOAN INFORMATION:** List *all* HEAL loans

Holder/Lender (Name & Address)	Servicer	Original Principal Amount of Loan	Approximate Current Balance
ADDENDUM TOTAL .....			

**NOTE: If additional lines are needed, use another addendum sheet. Attach addendum sheet to promissory note.**

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date