



## Kentucky Behavioral Health Workforce Initiative Loan Verification Form

*Please list below each eligible student loan that you are seeking repayment for through the Kentucky Behavioral Health Workforce Initiative. If you need additional space, please use multiple copies of this form. Only complete the “Total Loan Balance Due” box on the final page of your Loan Verification Form(s).*

*Applicants must also submit additional documentation of loans — a current lender statement that includes the applicant’s name, the name and payment address of the lender, the account number, and the current principal balance — for each of the loans recorded on the Loan Verification Form(s). All loan information provided must be dated and current within 30 days of your application submission.*

Applicant First Name	Applicant Last Name	Applicant Middle Initial
----------------------	---------------------	--------------------------

Lending Institution	Loan Balance
---------------------	--------------

Lending Institution	Loan Balance
---------------------	--------------

Lending Institution	Loan Balance
---------------------	--------------

Lending Institution	Loan Balance
---------------------	--------------

Lending Institution	Loan Balance
---------------------	--------------

Lending Institution	Loan Balance
---------------------	--------------

**Total Loan Balance Due**