

Kansas Department of Health and Environment
Bureau of Community Health Systems

**Kansas State Loan Repayment Program
Payment Verification Form**

Provide a summary of your loan payments made with Kansas State Loan Repayment Program (SLRP) funding. Include documentation from each lending institution that shows (1) the loan balance after payment and (2) the payment history on the loan or a cancelled check. As a recipient of Kansas SLRP funds, you must provide verification that the full amount of the loan repayment disbursement received by you has been applied toward the designated loans.

Name of Kansas SLRP participant _____ Social Security Number _____

Address _____

Phone _____ Email _____

Lending Institution	Account Number	Total Amount Paid	Payment Date	Loan Balance	Date of Loan Balance

I declare that all information provided above is true and complete to the best of my knowledge.

Signature of Kansas SLRP participant

Date

Return this form and supporting documents to:
Barbara Huske
Kansas Department of Health and Environment
Bureau of Community Health Systems
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365

Questions? Call (785) 296-2742