



# Primary Care Practitioner Loan Redemption Program of New Jersey Loan Distribution Form

**Date:**

**Name:**

**Address:**

**Dear Sir/Madam,**

Congratulations, you will complete your \_\_\_\_\_ year of service with the Primary Care Practitioner Loan Redemption Program of New Jersey (LRP) on \_\_\_\_\_.

As stated on your contract, your \_\_\_\_\_ year of service loan redemption amount is \_\_\_\_\_ of your qualifying loan amount, \_\_\_\_\_. Your \_\_\_\_\_ year loan redemption amount is \_\_\_\_\_ of \_\_\_\_\_, or \_\_\_\_\_ for the period of \_\_\_\_\_. If there is more than one lender, you should consider a higher payment to the lender with the highest interest rate. You should also check with your lender/servicer to ascertain the policy and procedure of payments above the customary payment schedule.

Please indicate below the check amounts to be distributed to each lending institution. The check(s) will be made payable jointly to you and the lending institution and will be forwarded to you for signature.

<u>Lending Institution</u>	<u>Check Amount</u>
Lender Name: _____ Payment Address: _____ _____ Account #: _____	\$ _____
Lender Name: _____ Payment Address: _____ _____ Account #: _____	\$ _____
Lender Name: _____ Payment Address: _____ _____ Account #: _____	\$ _____
	<b>Total: \$</b> _____
_____	_____
Signature	Date

Upon completion of this form, please return to the Primary Care Practitioner Loan Redemption Program of NJ, New Jersey Higher Education Student Assistance Authority, PO Box 544, Trenton, NJ 08625-0544. Please Note: Prior to releasing your checks, the LRP must have all of your quarterly reports/annual evaluation form, and verification of previous LRP payments from the lender(s) mentioned above. Should you have any questions, please contact this office at 609-588-3300 x1661.