

EMPLOYER CERTIFICATION FORM

Part A: to be completed by the applicant

Name: _____ Social Security #: XXX-XX- ____ _

I authorize my employer at _____ to provide the information requested in Part B as requested.

Applicant's Signature Date

Part B: to be completed by the employer

I understand the employee listed above has applied to the Texas Student Loan Repayment Assistance Program. I hereby certify to _____'s employment status as set forth below.

Applicant's title or job description: _____

Date of employment: _____

Number of working hours per week: _____

Annual gross salary: _____

I further understand that attorneys are **ONLY** eligible for loan repayment assistance through this program if they work full-time for a qualifying Texas program. _____ is a qualifying employer under the following criteria:

Please check the employer's qualifying criteria below:

- a recipient of Texas Access to Justice Foundation (TAJF) funds,
- a recipient of Legal Services Corporation funds, **or**
- a Texas non-profit that provides civil legal services, if at least 50 percent of the services provided are free to Texans whose income is **≤200%** of federal poverty guidelines.

Authorized Signature Name (printed) and Title Date

Name of Employer Address City/Zip Code Telephone # Email

PLEASE COMPLETE AND EMAIL TO: slrap@tajf.org. Also, please return a copy to the applicant employee so s/he can complete the application.

If you have any questions, please do not hesitate to contact Lisa Melton at LDMelton@tajf.org or 512 320 0088, ext. 330.