

Borrower Name _____

Borrower SSN _____

SECTION 3: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)

1. Employer Name: _____

2. Federal Employer Identification Number (FEIN) _____

3. Employer Address: _____

4. Employer Website (if any): _____

5. Employment Begin Date: _____

6. Employment End Date: _____

OR

Still Employed

7. Employment Status: Full-Time Part-Time

8. Hours Per Week (Average) _____

Include vacation, leave time, or any leave taken under the Family Medical Leave Act of 1993.

9. Is your employer a **governmental** organization?

A governmental organization is a Federal, State, local, or Tribal government organization, agency, or entity, a public child or family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps. Federal service includes military service.

Yes - Skip to Section 4.

No - Continue to Item 10.

10. Is your employer tax-exempt under Section **501(c)(3)** of the Internal Revenue Code (IRC)?

If your employer is tax-exempt under another subsection of 501(c) of the IRC, such as 501(c)(4) or 501(c)(6), check "No" to this question.

Yes - Skip to Section 4.

No - Continue to Item 11.

11. Is your employer a **not-for-profit** organization that is **not** tax-exempt under Section 501(c)(3) of the Internal Revenue Code?

Yes - Continue to Item 12.

No - Your employer does not qualify.

12. Is your employer a partisan political organization or a labor union?

Yes - Your employer does not qualify.

No - Continue to Item 13.

13. Which of the following services does your employer provide? Check all that apply and then continue to Section 4. If you check "None of the above", do not submit this form.

Emergency management

Military service (See Section 6)

Public safety

Law enforcement

Public interest legal services (See Section 6)

Early childhood education (See Section 6)

Public service for individuals with disabilities

Public service for the elderly

Public health (See Section 6)

Public education

Public library services

School library services

Other school-based services

None of the above - the employer does not qualify.

SECTION 4: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)

By signing, I **certify (1)** that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, **(2)** that I am an authorized official (see Section 6) of the organization named in Section 3, and **(3)** that the borrower named in Section 1 is or was an employee of the organization named in Section 3.

Note: If any of the information is crossed out or altered in Section 3, you must initial those changes.

Official's Name _____

Official's Phone _____

Official's Title _____

Official's Email _____

Authorized Official's Signature _____

Date _____