

**PENNSYLVANIA BAR FOUNDATION
PA IOLTA BOARD LOAN REPAYMENT ASSISTANCE PROGRAM**

ATTORNEY QUARTERLY CERTIFICATION FORM

For the Quarter Ending _____

I _____ certify that I remain qualified for the Pennsylvania Bar Foundation - PA IOLTA Board LRAP. Specifically, I certify the following:

1. I continue to be licensed to practice law in Pennsylvania, or am authorized to practice law pursuant to Bar Admission Rule 311, and am in good standing.
2. I have used all of the previous loan advances toward payment of my Eligible Debt, I am not in default status for any of the Eligible Debt, and I understand that the Pennsylvania Bar Foundation - PA IOLTA Board Loan Repayment Assistance Program retains the right to request proof of loan repayment.
3. I continue to have outstanding eligible debt greater than the amount of the loan advances.
4. I applied for any and all other loan repayment assistance programs available to me for which I was/am eligible and I have fully disclosed such assistance in the application which serves as the basis for this LRAP loan.
5. Describe any special circumstances or disclosures which may render information provided in the LRAP application inaccurate.

Signed: _____

Telephone Number: _____ Email: _____

Date: _____

**PENNSYLVANIA BAR FOUNDATION
PA IOLTA BOARD LOAN REPAYMENT ASSISTANCE PROGRAM
EMPLOYER QUARTERLY CERTIFICATION FORM**

For the Quarter Ending _____

I. Participating Attorneys Employed by _____
Name of Eligible IOLTA-Funded Organization

The following attorneys are employed by the qualified IOLTA-funded organization listed above and have worked full time during the past quarter. The individuals listed are in good standing with the employer and have been so during the full prior quarter:

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

II. If an LRAP recipient(s) has left qualified employment, please complete the following:

_____ was separated from employment on:
_____.

Please indicate the reason for separation:

- | | |
|---|--|
| <input type="checkbox"/> Layoff due to budgetary/economic reasons | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Discharge due to performance | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Discharge, disciplinary | <input type="checkbox"/> Resignation Requested |

Comments: _____

Signed: _____

Title: _____ Telephone Number: _____

Email: _____ Date: _____