



Loan Repayment Assistance Programs

217 E. Edenton St.
Raleigh, NC 27601-1015
www.ncleaf.org

PARTICIPANT'S SPOUSE/DOMESTIC PARTNER
EMPLOYER CERTIFICATION FORM

Part A: TO BE COMPLETED BY THE SPOUSE/DOMESTIC PARTNER OF [Redacted]

Spouse/Domestic Partner Name: [Redacted] (Applicant's name)

I hereby authorize [Redacted] (Employer) to provide NC LEAF with the information requested in Part B and such other information concerning my employment as NC LEAF may request.

[Redacted] Spouse/Domestic Partner's Signature [Redacted] Date

Part B: MUST BE COMPLETED BY THE EMPLOYER

Dear Employer:

[Redacted] is an Applicant for the NC LEAF Loan Repayment Assistance Program. For this program, NC LEAF requires verification of salary information from the employer of the Participant's Spouse/Domestic Partner. Please complete the remainder of this form and return to applicant's spouse/domestic partner to submit with application.

Name of Employee: [Redacted]

Title of Position: [Redacted]

Annual Gross Salary: [Redacted]

Effective Date of Salary: [Redacted]

Annual Bonuses, Commission, other compensation: [Redacted]

[Redacted]

Authorized Signature

[Redacted]

Name (printed) and Title

[Redacted]

Name of Employer

[Redacted]

Address of Employer

[Redacted]

Telephone # of Employer

[Redacted]

E-mail Address

[Redacted]

Date