



APPLICATION FOR HOUSE STAFF LOAN

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PGY LEVEL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

PAGER NUMBER: \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A LOAN BEFORE?

YES

NO

IF YES, DATE OF LAST LOAN: \_\_\_\_\_

OUTSTANDING BALANCE?: \_\_\_\_\_

REASON FOR LOAN: \_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE PAYROLL DEDUCTION TO HAVE LOAN REPAYMENT WITHHELD FROM MY PAY BEGINNING \_\_\_\_\_

IN THE AMOUNT OF \_\_\_\_\_ (\$50 MIN) PER PAY PERIOD UNTIL MY DEBT IS CLEAR. I AGREE THAT ANY OUTSTANDING

BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK AT THE END OF THE CURRENT ACADEMIC YEAR OR FROM MY FINAL PAYCHECK

IF FOR ANY REASON MY EMPLOYMENT WITH \_\_\_\_\_ (HOSPITAL NAME HERE) IS TERMINATED.

SIGNATURE OF HOUSE OFFICER. \_\_\_\_\_

DATE: \_\_\_\_\_

MEDSTAR HEALTH GME OFFICE USE ONLY

LOAN APPROVED: \_\_\_\_\_

LOAN DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

AUTHORIZED GME SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REPAYMENT DEDUCTION PER PAY PERIOD: \$ \_\_\_\_\_

TOTAL NUMBER OF PAYROLL DEDUCTIONS \_\_\_\_\_

DEDUCTIONS BEGINNING: \_\_\_\_\_

DEDUCTIONS ENDING: \_\_\_\_\_

AUTHORIZED PAYROLL SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_