

NEOMED – Loan for Disadvantaged Students Loan Program Truth-In-Lending Statement

Borrowers Name: _____

Annual Percentage Rate		Amount Financed	
The cost of your credit as a yearly rate.		The amount of credit provided to you	
Prior to Repayment	During Repayment	Award Year	Award Amount
0%	5%	2019-2020	
0%	5%	Previous Yearly Awards	
0%	5%	Cumulative Amount	

- I understand the Annual Percentage rate of 5% will be the finance charge based on the unpaid balance and that it will begin to accrue twelve (12) months after I cease to be enrolled at least half time.
- I understand my first payment will be due at the end of my twelve (12) month grace period, and my minimum monthly payment will be at least \$40.00 per month. I understand the maximum repayment period is ten (10) years; therefore my monthly payment amount may be larger depending on the total size of my LDS Loan. Refer to chart below.
- This LDS Loan is subject to delinquency and default charges as specified in the promissory note.
- The borrower may prepay all or any part of the principal at any time without penalty.
- This loan may be consolidated with other various Federal Student Loans.
- This loan will be reported monthly to a National Credit Bureau or bureaus.

Principal Amount Borrowed and Projected Monthly Payment Amount											
Principal	Payment	Principal	Payment	Principal	Payment	Principal	Payment	Principal	Payment	Principal	Payment
\$100-\$4,000	\$ 40	\$ 17,000	\$ 180	\$ 30,000	\$ 318	\$ 43,000	\$ 456	\$ 56,000	\$ 594	\$ 69,000	\$ 732
5,000	53	18,000	191	31,000	329	44,000	467	57,000	605	70,000	742
6,000	64	19,000	202	32,000	339	45,000	477	58,000	615	71,000	753
7,000	75	20,000	212	33,000	350	46,000	488	59,000	626	72,000	762
8,000	85	21,000	223	34,000	361	47,000	499	60,000	636	73,000	774
9,000	96	22,000	233	35,000	371	48,000	509	61,000	647	74,000	785
10,000	106	23,000	244	36,000	382	49,000	520	62,000	658	75,000	795
11,000	118	24,000	255	37,000	392	50,000	530	63,000	668	80,000	849
12,000	128	25,000	265	38,000	403	51,000	541	64,000	679	85,000	902
13,000	138	26,000	276	39,000	414	52,000	552	65,000	689	90,000	955
14,000	148	27,000	286	40,000	424	53,000	562	66,000	700	95,000	1,008
15,000	159	28,000	297	41,000	435	54,000	573	67,000	711	100,000	1,061
16,000	170	29,000	308	42,000	445	55,000	583	68,000	721	105,000	1,114

Current Borrower's Contact:

Accounting Department
(330)325-6399

Send Payments and Correspondence To:

NEOMED c/o ECSI
PO Box 718
Wexford, PA 15090

Signature of Borrower _____ Date: _____