

**NC LEAF**  
**NORTH CAROLINA LEGAL EDUCATION ASSISTANCE FOUNDATION**  
**Loan Repayment Assistance Program**

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Raleigh, NC 27609-6512  
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**APPLICANT'S DOMESTIC PARTNER'S EMPLOYER CERTIFICATION FORM**

**PART A: TO BE COMPLETED BY THE DOMESTIC PARTNER of** \_\_\_\_\_  
(Applicant)

Name: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (Employer) to provide NC LEAF with the information requested in Part B.

\_\_\_\_\_  
Domestic Partner's Signature

\_\_\_\_\_  
Date

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**Part B: TO BE COMPLETED BY THE EMPLOYER**

Dear Employer:

\_\_\_\_\_ is an Applicant for the North Carolina Legal Education Assistance Foundation (NC LEAF) Loan Repayment Assistance Program. Part of the application process requires information provided by the employer of the Domestic Partner of the Applicant. Please complete the remainder of this form and mail or fax it to our office as soon as possible. If you have any questions, please contact us at the above address or email us at: [info@ncleaf.org](mailto:info@ncleaf.org).

Name of Employee: \_\_\_\_\_

Annual Gross Salary: \_\_\_\_\_ Effective Date \_\_\_\_\_ Bonuses, Commissions, etc. \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (printed) and Title

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
Telephone # of Employer

\_\_\_\_\_  
Date