



ROZ Confirmation of Payment Agreement

Approved participants must complete, sign, and return a Confirmation of Payment Agreement (CoPA) to the Kansas Department of Commerce (Commerce) each year to continue enrollment in the Rural Opportunity Zones (ROZ) student loan repayment program. Please review the **ROZ Payment Process** and the **ROZ Participant Requirements** listed below, complete and sign this CoPA form, and return it to Commerce via **email** (email to: heather.pierson@ks.gov) or by **mail** (mailing address listed below). If you have any questions, please call (785) 296-5298.

Kansas Rural Opportunity Zones
Attention: Heather Pierson
Kansas Department of Commerce
1000 S.W. Jackson Street, Suite 100
Topeka KS 66612-1354

ROZ Payment Process:

- The State of Kansas will send a ROZ payment check to the qualified participant in the approved amount after matching funds have been received by Commerce from the ROZ County and/or Sponsor.
- ROZ participant shall remit payment to their qualified lender(s) in the full amount of the ROZ payment check received.
- ROZ participant shall provide to Commerce a copy of their student loan payment history demonstrating their ROZ payment has been received and applied to the loan balance by the qualified lender(s) within 90 days of ROZ payment receipt.

ROZ Participant Requirements:

- ROZ participant agrees to receive payment from the State of Kansas for the approved student loan repayment amount.
- ROZ participant agrees to remit payment, equal to the full amount received from State of Kansas, to the lender(s) of an eligible student loan account in one lump sum. The full amount can be split between multiple lender loans.
- ROZ participant agrees to provide a copy of their student loan payment history to Commerce via email, fax or mail within 90 days of receipt of the ROZ payment, for verification of payment to the participant's account(s) with the qualified lender(s).
- ROZ participant understands that authorization and release of future ROZ payments is contingent upon available funding and the participant continuing to meet all eligibility requirements, including maintaining residency in the ROZ County of enrollment, annual execution of the ROZ CoPA, and proof of completed payment(s) to qualified student loan account(s).

I have read the ROZ Payment Process and the ROZ Participant Requirements and hereby attest that I currently meet all eligibility requirements to participate in the ROZ student loan repayment program and agree to abide by the terms and conditions of this ROZ Confirmation of Payment Agreement (CoPA):

ROZ Participant Signature

Date (MM/DD/YYYY)

ROZ Identification Number _____ ROZ County _____ ROZ Payment Amount \$ _____
(Please note that Commerce cannot accept this form without participant's ROZ Identification Number)

Participant Name _____

P.O. Box Address _____ City _____ St. _____ Zip _____

Physical Address _____ City _____ St. _____ Zip _____

Phone Number _____ Cell Number _____

E-mail Address _____