



## RURAL OPPORTUNITY ZONE PARTICIPANT AGREEMENT

Rural Opportunity Zones (ROZ) student loan repayment program, approved participants are required to complete and return this Rural Opportunity Zone Participant Agreement to the Kansas Department of Commerce (KDC) prior to distributions being released to the participant. Please review the ROZ Participant Requirements listed below, sign this form, and return it to KDC via email to: [kdc\\_roz@ks.gov](mailto:kdc_roz@ks.gov).

### **ROZ PARTICIPANT REQUIREMENTS:**

- ROZ participant agrees to receive payment from KDC for the approved amount listed on the approval letter.
- ROZ participant agrees to send payment, equal to the full amount received from KDC, to the lender(s) of the eligible student loan account within 30 days of receipt of ROZ distribution.
- ROZ participant agrees to provide a copy of their student loan payment history for the previous 12 months to KDC within 30 days of issuance of payment.
- ROZ participant agrees to inform KDC of all changes in contact information including changes in name, phone number, email, and physical address within 30 days of change.
- ROZ participant agrees to fill out the ROZ annual survey each year within 30 days of receiving payment.
- ROZ participant understands that authorization and release of future ROZ payments is contingent upon maintaining domicile in the ROZ County of enrollment, submitting verification of completed payment(s) to student loan account(s), and completing the annual ROZ survey each year.
- ROZ participant understands they will be required to prove domicile in the ROZ county every year before benefit is released and will provide this proof to KDC annually in August every year.
- ROZ participant understands the ROZ program is subject to funding limitations; eligibility for participation through the state match is subject to funding availability through the state budget.
- **ROZ participant understands that under HB2223 their Name, Address and benefit amount will become public record and will be listed on the Kansas Department of Commerce website.**

I have read the **ROZ Payment Process and the ROZ Participant Requirements** and hereby agree to abide by the terms and conditions of the Rural Opportunity Zone Participation Agreement

Full Legal Name			
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
E-mail Address	Home Phone	Cell Number	
ROZ Participant Signature		Date (mm/dd/yyyy)	