

Attestation and Authorized Representative

Solicitation of Interest # 20283

Nurses Across New York Loan Repayment Program – Cycle I

**Instructions:** Applicants are instructed to upload the completed document as Attachment 8 of the application.

**Contact Information of the Person Completing the Application (required):**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on behalf of: \_\_\_\_\_

(Applicant Name)

I further certify that the information contained in this report (including all attachments) is accurate, true and complete in all material respects.

**Signature of Applicant or Authorized Applicant Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title (printed)