



ARCHITECTURAL EDUCATION DEBT REIMBURSEMENT REQUEST

- This application is for individuals requesting educational debt reimbursement from the Nebraska Board in accordance with Neb. Rev. Stat. §81-3432.01
To qualify for the reimbursement you must have:
1. Graduated from a NAAB-accredited architectural program in Nebraska;
2. Established an NCARB record for the purpose of documenting architectural work experience; and
3. Qualifying educational debt, which includes government and commercial loans obtained by the student for postsecondary education tuition, other educational expenses, and other reasonable living expenses.
The Board must receive verification of your graduation directly from the granting educational institution or NCARB. Electronic transcripts may be sent to nbea.office@nebraska.gov.
Providing a screenshot of your MyNCARB account will serve as verification of establishing your NCARB record.
The attached State of Nebraska W-9 & ACH Enrollment Form must be included with your requests.
Allow up to eight weeks to receive the reimbursement from receipt of all required documents.

1. Full Legal Name (including full middle name) Maiden or Former Name (if applicable)

2. Full Social Security Number (required for reimbursement)

3. Mailing Address:

Full Legal Name (if business)

Mailing Address

City, State, Zip Code

Email Address

Telephone

Alternate Telephone

Fax

4. AXP Record Number: 5. Date enrolled in AXP:

6. Degree Received:

7. Date of Graduation: 8. Institution:

9. Do you have qualifying educational debt? Yes No
If no, you do not qualify. See the instructions above for a definition of what qualifies as educational debt.

10. For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States, OR
I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are, and I have enclosed a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Signature of Applicant

Date

**Instructions for Completing the
STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM
for Nebraska Board of Engineers and Architects educational debt reimbursement**

These instructions are for those completing the *STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM* as part of the Board's application for educational debt reimbursement. These instructions will cover most typical situations.

If a field on the form does not have specific instructions below, you may safely skip that field.

If you have questions about completing this form for educational debt reimbursement purposes, call the Nebraska Board of Engineers and Architects at 402-471-2021.

Instructions for reimbursement via check

Line 1 (Name): Enter your name as used on your income tax return.

Line 3 (Federal Tax Classification): Select "Individual."

Line 5 and 6 (Address, City, state, and Zip code): Enter your current address, city, state, and zip code. Do not enter a remit address unless you want debt reimbursement funds sent to another address besides your current address.

Taxpayer Identification Number (TIN): Enter your FULL social security number in the *Social Security Number (SSN)* fields.

Certification: Provide your signature (use black/blue ink or an electronic signature) in the *Signature of US Person* field, and other appropriate information in the *Printed Name, Date, and Contact Phone* fields.

Comments or Business/Entity Notes: SKIP

If you want to receive educational debt reimbursement in the form of a check, **STOP HERE**. A check will be mailed to you from the State of Nebraska within six to eight weeks after your request has been processed.

Instructions for reimbursement via direct deposit

Instead of a check, if you would like to receive educational debt reimbursement via direct deposit, in addition to providing information for reimbursement via check as noted above, complete the fields in the **ACH Enrollment** section.

ACH Enrollment: Select the *Initial Setup* option.

Enter appropriate information in the following fields:

- *Financial Institution Name*
- *Address (of the financial institution)*
- *City, state, and ZIP code (of the financial institution)*
- *Nine Digit Routing Number*
- *Depositor Account Number*
- *Type of Account (Checking or Savings)*
- *E-mail (used for payment notifications, usually the person applying for debt reimbursement)*
- *Authorized Individual or Entity Signature (signature of person applying for debt reimbursement; use black/blue ink or an electronic signature)*
- *Printed Name and Date*

Attachment Required!: Select and include one of the following items for verification:

- Blank check (voided), or
- Photocopy of a cleared check

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Non-Profit Entity Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
- Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: Remit Address (if different):

6 City, state, and ZIP code City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____ Month & Year Tax Id/Name changed _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes:

ACH Enrollment: Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date:	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

AGENCY APPROVAL #1 -Signature:

DATE:

AGENCY APPROVAL #2 -Signature:

DATE: