

**ELEVATE Behavioral Health Workforce Fund****Incumbent Worker Retention Benefit Pre-Training Program Employment  
Certification**

You may submit this form on its own as valid documentation for the ELEVATE Incumbent Worker Retention Benefit. If you have already submitted a W2, 1099, or a paystub dated within two years prior to the start of the School Period, you do not need to complete this form.

Please make sure all information you provide on this form and in any related documents is accurate and truthful, in accordance with legal requirements.

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**Section 1: Borrower Information**

*Note: Review the instructions in Section 5 before you complete this section of the form.*

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

Funding U Application Number: \_\_\_\_\_

ZuntaFi Account Number (if known): \_\_\_\_\_

Training Period Start Date: \_\_\_\_\_

(Expected) Training Period End Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email (same email used on loan application): \_\_\_\_\_

For more information on the ELEVATE Behavioral Health Workforce Fund Incumbent Worker Retention Benefit, visit <http://socialfinance.org/sd-pay-it-forward>.

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**Section 2: Employer Information (to be completed by the employer or borrower)**

*Note: Review the instructions in Section 5 before you complete this section of the form.*

1. Employer Name: \_\_\_\_\_

2. Employer Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Employer EIN (If known): \_\_\_\_\_

4. Employment Period:  
Employment Begin Date (mm/dd/yyyy): \_\_\_\_\_  
Employment End Date (mm/dd/yyyy): \_\_\_\_\_ OR ☐ Still Employed
5. Employment Status during period of Employment: ☐ Full-Time ☐ Part-Time (including internship)
6. Job Title: \_\_\_\_\_

### Section 3: Borrower Certification

I **request** that ZuntaFi Corp. consider this form as **part** of my application to determine my eligibility for the ELEVATE Behavioral Health Workforce Fund Incumbent Worker Retention Benefit.

**I understand that:**

- ☐ Submission of this form does not guarantee eligibility or receipt of the Incumbent Worker Retention Benefit, and this benefit will not be automatically applied to my loan.
- ☐ I must take specific action following my exit from the training program including submitting proper documentation to my loan servicer for review and approval. If approved, I may be eligible for retention-based reductions in my loan balance.

**I attest that:**

- ☐ **Within the two years prior to enrolling in my eligible training program, I was employed at an approved ELEVATE Behavioral Health Workforce Fund Eligible Employer as detailed in Section 2.**
- ☐ **All the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief.**

**Borrower's Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_\_

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### Section 4: Employer Certification (to be completed by the employer)

By providing an **acceptable signature** below, I **certify that:**

1. The information in Section 2 is true, complete, and correct to the best of my knowledge and belief (see Section 5 for instructions);
2. I am an **authorized official** of the organization named in Section 2; and

3. The borrower named in Section 1 was employed at the organization during the time period named and detailed in Section 2.

If any of the information is crossed out or altered in Section 2, the authorized official must initial those changes.

Official's Name: \_\_\_\_\_ Official's Phone: \_\_\_\_\_

Official's Title: \_\_\_\_\_

Official's Email: \_\_\_\_\_

Authorized Official's Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

## Section 5: Instructions for Completing This Form

- Type or print using dark ink. Report dates as month/day/year (MM/DD/YYYY). For example, 'January 31, 2026' should be '01/31/2026'.

### ***Notes for completing Section 2:***

Question 3: The Federal Employer Identification Number (FEIN/EIN) is a 9-digit number that can generally be found in box b of your IRS Form W-2 (W-2). However, if your employer uses a Professional Employer Organization (PEO) or you are employed under a contract in a position or providing services to the organization named in Section 2, you will need to obtain the FEIN/EIN of the qualifying employer directly, because the FEIN/EIN on your W-2 or 1099 may be that of a different organization. An FEIN/EIN that is found using an internet search or on an IRS Form other than a W-2 (for example an IRS Form 1099), may not be the FEIN/EIN that an employer uses for payroll.

Question 5: Check the "Full-Time" box if you worked an average of 30+ hours per week. If you worked an average of less than 30 hours per week or completed an internship, check the "Part-Time" box.

### ***Notes for completing Section 4:***

The Authorized Official must review the information provided in Section 2 for accuracy. As part of this review, they should ensure that the FEIN/EIN provided in Question 3 belongs to their

organization OR is the FEIN/EIN that is used for payroll purposes and that the employee named in Section 1 was an employee of their organization during the time period detailed in Section 2.

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## Section 6: Definitions

Definitions specific to this form:

An **acceptable signature** for this form includes:

- a handwritten signature in dark ink,
- a hand drawn electronic signature made using a mouse or finger on a digital device, or
- a digitized image of a handwritten signature that has been embedded on the signature line of this form.

An **Authorized Official** is an individual who by the authority of an employer has access to the borrower's employment or service records and is authorized by the employer to certify the employment status of the organization's employees or former employees.

An **ELEVATE Behavioral Health Workforce Fund Eligible Employer** means any employer that is named on the ELEVATE Behavioral Health Workforce Fund Eligible Employer List (found here: <https://socialfinance.org/for-current-san-diego-pay-it-forward-students/>) that is maintained and provided by Social Finance, Inc. This list is updated from time to time to include additional employers. For the avoidance of doubt, once an employer is included on the list, it will not be removed, and all additions to the list are cumulative.

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## Section 7: Where to Send This Form

If you are submitting this form as part of your initial application for the San Diego Pay It Forward Loan, please upload it under Question 2(d) on the “Incumbent Worker Retention Benefit” Opt-in Screen in your loan application.

If you are submitting this form anytime following your approval for a San Diego Pay It Forward Loan, return the completed form and any documentation to:

ZuntaFi  
105 First Avenue Southwest  
Aberdeen, SD 57401-4101

If you need help filling out this form or have any questions about your account, please contact ZuntaFi:

- Phone: (800) 592-1270
- Email: [service@zuntafi.com](mailto:service@zuntafi.com)
- Online: [zuntafi.com](https://zuntafi.com)