

LOW INCOME PROTECTION PLAN
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POST-CLERKSHIP SPOUSE INCOME FORM

Name of Participant: _____

Name of Spouse: _____

PRIMARY EMPLOYMENT

Name of Employer: _____

Date **full-time** employment began: _____ End date, if known: _____

Full-time annual gross income: _____ Effective date: _____

If part-time or paid hourly, please specify effective date(s), hours/schedule: _____

Current gross paycheck: _____ Frequency (weekly, monthly, etc.): _____

OVERTIME

Are you eligible for over-time pay? _____

If yes, please provide estimates for the gross amount of overtime you received for the past 6 months and will receive for the next 6 months:

Past six months: _____ Next six months: _____

RAISES & BONUSES

Please list any anticipated bonuses and/or raises for your spouse for the period of six months following the first day of employment in your post-clerkship position.

Raises Anticipated in the 6 Months Post-Hire			Bonuses Anticipated in the 6 Months Post-Hire	
Gross Amount(s)	Date(s)		Gross Amount(s)	Date(s)
		Month 1		
		Month 2		
		Month 3		
		Month 4		
		Month 5		
		Month 6		

Has a bonus been received since the last LIPP application? _____ Date and amount: _____

OTHER INCOME

Please provide details on any allowances (housing, phone, food, car loan repayment, etc.) associated with this employer. Please indicate the type, amount, and whether the funding is a reimbursement or W2 income:

CERTIFICATION

I hereby certify that all of the information contained in this form is true and complete to the best of my knowledge. I agree to provide further documentation and/or proof of the information given on this form. I also agree to notify LIPP of any changes in income or other relevant changes during the period six month following my post-clerkship hire date and I understand that changes to this information may impact my clerkship repayment.

Signature of LIPP Participant: _____

Signature of Spouse: _____