

**AMMENDMENT TO DD FORM 5536-R**

I understand the maximum aggregate amount of repayments under this Agreement has been increased to \$20,000 or the remaining balance of the loans, whichever is less. Total program repayments for all years will not exceed the maximum amount authorized of \$50,000. This is to include any payments made under an earlier HPLR contract executed in part or in full.

**I also understand that this special pay IS taxable and that taxes are not withheld from payments made to the financial institutions. I have read and understand the agreement outlined in DA Form 5536-R and that this amendment supplements DA Form 5536-R.**

NAME OF APPLICANT

SSN

DATE

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SIGNATURE OF APPLICANT

OFFICIALS SIGNATURE