

## Emergency Loan Fund Application Confidential

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*No information will be shared outside the review committee except for Finance processing and payroll reporting purposes if a loan is granted.*

Please PRINT legibly. Personal identifying information about applicant will not be shared with the Review Committee. Completed application materials will be retained by UNO Human Resources.

**Do not leave any fields blank – if it does not apply, indicate N/A**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

University Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Length of Service at UNO: \_\_\_\_\_

If the applicant is not completing this form:

Name of the person completing the form: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. I certify that at this time I am not under department disciplinary action. I understand that money loaned from the Emergency Loan Fund is at 0% interest and must be repaid via payroll deduction over one year or less, and that the loan will be reported to the University of Nebraska Payroll department for repayment purposes. Any outstanding balance will be due and payable in the final paycheck if employment with UNO is terminated for any reason before the entire loan due is repaid.

I understand that my application will NOT be considered for financial assistance if it is found to contain misleading information.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Do not write below this line. For HR use only.

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Date Received: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Employee # \_\_\_\_\_





What is the expected length of the hardship? \_\_\_\_\_

If you have missed time from work related to the hardship, please give dates:

\_\_\_\_\_

If currently on leave, what is the expected date of your return to work? \_\_\_\_\_

What other agencies or organizations have you applied to for assistance? Have you received any financial help to date for this situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your plan to meet your expense in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What settlements or reimbursements from any source have you received or do you expect to receive to help with your emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an insurance policy that covers these circumstances? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the deductible? \_\_\_\_\_

Did monthly expenses exceed monthly income before the emergency situation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you arranged payment plans for your overdue bills with creditors? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are the plans?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under a bankruptcy agreement or in the process of filing? \_\_\_\_\_ Yes \_\_\_\_\_ No

How much money are you requesting? Please list a specific amount (up to a maximum of \$750.00)

\_\_\_\_\_

How did you arrive at your total requested amount listed above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information:**

Submit a copy of your most recent payroll earnings statement with the completed application.

**Monthly Income After Taxes**

Staff/Faculty Member income (take home pay from UNO)	Spouse/second income (take home)	Other payments received (child support, disability, second job etc.)	Total take home income per month
\$	\$	\$	\$

**Living Expenses**

Usual Monthly Expenses	Estimated Total Monthly Payment	Amount Currently Past Due	Total Due
Mortgage/Rent (include home/renters insurance, taxes, etc.)			
Utilities (Water, gas, phones, etc.)			
Car Expenses (loan, insurance, gas, etc.)			
Credit Card(s)			
Child/Elder Care			
Food and Household Necessities			
Educational (current tuition, school loans etc.)			
Other Loans			
Other Monthly Expenses (explain – Legal, Medical, etc.)			
<b>Total</b>			

## Assets (Financial Resources)

Type of Asset	Estimated Current Dollar Value
Checking Account(s)	
Savings Account(s)	
Other Account(s) or Savings Bonds (other than retirement accounts)	
Investment Account(s) (other than retirement accounts)	
Vehicles (year, make & model)	
Government Assistance (explain)	
Other (explain)	

### Submit your completed application and the following documentation.

- This form must be completed in its entirety or will not be considered by the committee.
  - No fields are to remain blank.
1. Copy of your most recent payroll earnings statement, showing pay period, income and deductions.
  2. Documentation of cost related to the emergency that resulted in the financial hardship (bill, estimate or invoice).

You may forward this completed application with the necessary documentation materials to:

#### Inter-Campus Mail

Human Resources  
EAB-205  
Attn: Cecil Hicks

#### US Mail

Human Resources  
University of Nebraska at Omaha  
EAB 205 – Cecil Hicks  
Omaha, NE 68182

#### In person

Human Resources  
EAB 205