

**Emergency Loan Fund Application**

**Confidential**

*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 the information provided on this application is complete and accurate and my financial hardship is genuine. I certify all supporting documents I provide are valid and accurate. I certify at this time I am not under department disciplinary action. I understand money loaned from the Emergency Loan Fund is at 0% interest and must be repaid via payroll deduction over one year or less, and 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 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.

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

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

**Employment Information**

|  |  |  |
| --- | --- | --- |
| Are you currently a University of Nebraska at Omaha staff/faculty member, employed at least 50% FTE | Yes | No |
| Is there any disciplinary action initiated against you at this time?  (Example: written warning, disciplinary lay off in past 45 days, or presently suspended) | Yes | No |
| Have you received a loan from the UNO Emergency Loan Fund in the past two (2) years? | Yes | No |
| Are you currently on an unpaid or other leave status? | Yes | No |
| Type of leave: | | |

**Family/Household Information**

Please indicate your current living situation:

\_\_\_\_\_\_\_\_ Own/Purchasing Home \_\_\_\_\_\_\_\_ Renting \_\_\_\_\_\_\_\_ Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all individuals who reside in your household and how much they contribute toward household expenses. Attach an extra sheet if needed. Do NOT include your name on the extra sheets.

|  |  |  |
| --- | --- | --- |
| Relationship  (spouse/partner, children, grandchildren, roommate, etc. No names needed) | Age | Amount contributed to household expenses |
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Details of Temporary Hardship: Please give **DETAILED** answers to the following questions. You may be contacted for more information, including documentation.

Provide a description of the financial hardship and expenses related to it.

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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 your requesting? Please list a specific amount (up to a maximum of $1,000.00)

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

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.) |  |  |  |
| **Total** |  |  |  |

**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 | US Mail | In person |
| Human Resources  EAB-205  Attn: Steven Kerrigan | Human Resources  University of Nebraska at Omaha  205 EAB – Steven Kerrigan  Omaha, NE 68182 | Human Resources  205 EAB  Steve Kerrigan |

*Updated 06.19.17*