

Community Action of Southeast Iowa

Employee Emergency or Financial Hardship

Loan Application

Employee Name: _____ Position: _____

Address: _____ Program: _____

_____ Phone Number: _____

Scheduled Work Hours per Week _____ Pay per hour \$ _____

Date of Last Employee Loan: _____ Amount of Loan Request \$ _____

Reason For Request (please be specific – amount of bills, etc) _____

I understand that if my request is approved, I will repay the loan plus four percent simple interest by payroll deduction within 12 months. If my request is approved I authorize payroll deductions of \$_____ per pay period (every two weeks).

Employee Signature: _____ **Date:** _____

Committee Action **Amount Approved:** _____

Committee Members	Approved	Denied	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____