



The University of North Carolina at Chapel Hill has established an emergency loan program available to eligible employees for reasons of severe financial hardship for which the employee has an immediate need for financial assistance. Examples include a family medical emergency, threatened foreclosure or eviction from a primary residence, emergency automobile repairs, or termination of utilities.

INSTRUCTIONS

You **must provide supporting documentation** of the emergency need for which the loan is being requested with this form. Failure to provide supporting documentation renders the request incomplete. You may fax the form and supporting materials to 919-962-6010 or mail to 104 Airport Drive, CB#1045, Chapel Hill, NC 27599 or send them via email to benefits@unc.edu.

Only permanent employees with a minimum of 12 months continuous UNC service are eligible to apply for a loan. (Temporary employees are not eligible.)

If you have questions about the Emergency Loan Request, please contact the Emergency Loan Program Coordinator, Ruth Holt at 919-962-3055.

I. BACKGROUND INFORMATION

Employee Name (print):		Date:	
Employee Department Name (print):		PID:	
Employee Home Address (print):		SSN:	XXX-XX-
Work Phone (and/or number where you can be reached between 8 a.m. and 5 p.m.)		Loan Amount Requested (\$50-\$500):	

NOTE: Loan amounts are generally available within seven working days following approval by the Benefits Services Department. Repayment must be authorized by payroll deduction.

II. EMERGENCY LOAN INFORMATION

I am requesting an emergency loan from UNC-Chapel Hill for the following reasons (please check all that apply):

- Past Due Utilities** (indicate specific utility, Gas, Electric, Water etc) _____
- Past Due Rent/ Mortgage**
- Past Due/ Unforeseen Medical Expense**
- Unforeseen Car Repair**
- Past Due Childcare Expenses**
- Past Due Taxes**
- Unforeseen Home Repair**
- Other** (please explain) _____



Any Additional Information:

The employee's submission of this request form serves as an acknowledgement by the employee that he/she has no other resources available for financial assistance (including a lending institution) and that he/she agrees to the repayment terms established by the University.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

III. EMERGENCY LOAN REPAYMENT TERMS & AUTHORIZATION FOR PAYROLL

I, _____, hereby authorize my employer, The University of North Carolina at Chapel Hill, to deduct from my salary the amount of \$_____ each pay period beginning with the next pay period and continuing until the debt of \$_____, which I owe to The University of North Carolina at Chapel Hill, is satisfied. The repayment period must not exceed 10 biweekly pay periods for SPA employees or 5 monthly pay periods for EPA employees.

I am paid on the (check one): ___ biweekly payroll ___ monthly payroll.

Subject to wage and hour laws, I further authorize The University of North Carolina at Chapel Hill to deduct any outstanding balance due under this loan from my final paycheck upon my separation from employment at The University of North Carolina at Chapel Hill.

I understand that the authority to permit this payroll deduction is granted by North Carolina General Statutes under Chapter 143, Article 59, Part I.

EMPLOYEE SIGNATURE: _____

Last Four of employee's Social Security Number: _____

Confirmation of Loan Check Receipt:

This section to be completed upon acceptance and delivery of the Emergency Loan check by the employee:

Check #: _____

Employee Signature: _____ Date: _____

For Office Use Only: Reviewed and Approved by: _____ Date: _____

For Office Use Only:

EMR Loan Repayment Deduction Begins: _____

Copy to Payroll: _____