

The Faculty Staff Assistance Program EMERGENCY LOAN FUND (ELF)

APPLICATION

The Faculty Staff Assistance Program Emergency Loan Fund (ELF) is designed to assist University of Maryland College Park faculty or staff members who are experiencing a personal financial emergency and have exhausted all other avenues of support. Loan repayments must be complete within a six month period. Loan defaults are turned over to the State Central Collections Unit, where an additional 17% fee will be added on to the original loan amount.

ELIGIBILITY

Active full-time or part-time faculty or staff members in good standing with a minimum of 6 months or more successful employment are eligible for FSAP-ELF loans. Applicants should be able to provide a supervisor's confirmation of continuing employment potential for at least the next six months. They must also provide evidence that all other avenues of assistance have been pursued (such as banks, credit unions, family members). Applicants must show an ability to pay back the loan (i.e. should not have excessive garnishments or debts) and must have paid back all previous ELF loans as well as other university loans (from an individual's department, etc.). Employees may be eligible for a second loan one year after they have made their last payment on their first loan. Due to the limited funds, priority is given to employees who have not used the Emergency Loan Fund previously. The loan fund was set up predominantly for one time use.

The ELF program is NOT designed to provide assistance in cases where other financial options or means are identified or when an individual cannot pay predictable expenses or monthly payments such as housing or child care due to poor planning or budgeting. Employees who are not working due to an unauthorized absence are ineligible, as are employees who have been suspended without pay and are seeking a loan to recoup their losses. Multiple requests of a particular type of emergency, such as emergency car repairs, will not be granted. Family members and significant others are not eligible.

APPLICATION PROCEDURE

Attached is a form requesting the information we need to complete the processing of your application. If you have any questions about the form, please contact the FSAP office at 301-314-8170 or 301-314-8099. The information you provide will be kept confidential. When filling out the application, please PRINT or type information clearly. Be sure to sign and date the bottom of the page, confirming the information provided is valid and accurate. Any unauthorized changes to or misinformation in the application form or procedures invalidates the process. Along with the application, an Automatic Payment Withdrawal Form, obtained from our office, must also be filled out. This form allows the Bursar's Office to have access to your checking account so that an automatic payment withdrawal can be made every pay day. In addition to these two documents, you must bring with you to the FSAP meeting the following materials:

1. Bill or bills that need to be paid with their Federal Tax Identification Number listed on the bill;
2. copy of your most recent pay stub along with your application;
3. Staff ID and/or Driver's license.

When you have finished this application call 301-314-8170 or 301-314-8099 to schedule an appointment with a Faculty Staff Assistance Program counselor. The counselor will go over your application and will discuss other resource options that may be available to you. If your request falls within FSAP-ELF guidelines, the counselor will schedule an appointment for you to come in and fill out the paperwork. Once the paperwork is completed, you must carry the paperwork over to the Chesapeake Building, Room 3101-H, Working Fund. They will cut the check and mail it themselves. No checks will be handed to the employee.

CONFIDENTIAL

Name: _____ SS#: _____ - _____ - _____
Date of Birth: _____ Driver's License#: _____
Home Address: _____ UID#: _____
Street _____ Phone (cell): _____
City _____ Email: _____
State _____ Zip _____
Position (Job Title): _____ Department: _____
Length of Employment: _____ Percent Time Employed: _____

Check One: Faculty/Post-Doc Non-Exempt Staff Exempt Staff Contract Staff Grad Student

Annual Salary: \$ _____

What is the total amount of money you are requesting? \$ _____

Please provide an explanation for your request. Feel free to attach an extra sheet if you need more room.
(Please attach documentation if any, E.g., if request is for automobile repair costs, request must be submitted with a written estimate before repair work is performed.)

Have you ever filed for bankruptcy? Yes No If yes, When? Please state details:

Do you plan to file for bankruptcy? Yes No If yes, please explain: _____

Other places (names and addresses) loans applied for and reason denied: _____

Have you ever sought financial counseling through the Consumer Credit Counseling Service or another organization? Yes No

Do you anticipate your employment at UM continuing for the next 6 months? Yes No If no, please explain:

Have you been suspended without pay within the past 6 months? Yes No

Household Information

a. How many individuals are you financially responsible for and what are their ages? _____

b. Do any of these individuals help pay the monthly household expenses? Yes No

If yes, be sure to indicate on the next page only those portions of monthly expenses that you are personally responsible for:

FSAP ELF LOAN Application

Please provide the following financial information.

Your net MONTHLY take-home pay (after taxes) \$ _____
(Please attach copy of paycheck stub.)

Additional Income: Monthly Amounts \$ _____

Overtime	\$ _____
Child Support	\$ _____
Spouse	\$ _____
Social Security	\$ _____
Other Government Program	\$ _____
Other (Explain)	\$ _____

Total Additional Income \$ _____

Your Assets

Cash & Checking Account balance	\$ _____
Savings Account	\$ _____
Certificates of Deposits	\$ _____
Other Cash	\$ _____

Total Assets \$ _____

Estimated Monthly Expenses: Be sure to attach required documentation, including canceled checks, if applicable.

Housing	\$ _____
Utilities	\$ _____
Car Payments	\$ _____
Child Care	\$ _____
Food	\$ _____
Credit Card Payments	\$ _____
Other Monthly Bills/Loans	\$ _____
Any other essential expenses	\$ _____

Total Monthly Expenses \$ _____

I understand that I am solely responsible for the validity of the information provided on this application form. *(Note to borrower: Do not sign this form before you read it. Only sign in the presence of an FSAP Counselor.)*

Date of Application

Signature of Employee

DO NOT FILL OUT: For Office Use Only.

Date Request Received:	Amount of Loan: \$	Payment Issued To:
Date Payment Issued:	Date Request Approved:	
Date Request Denied:		
Reason for Denial:	_____	