



EMERGENCY LOAN PROGRAM / COVID - 19

Credit Union Use Only
Date Received:
Received by:

Applicant Information

Name:	Email:	Phone:
Co-Applicant Name:	Email:	Phone:

Loan Request & Qualification Information

Amount Requested: (\$500-\$2,500)	Occupation:
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Program Qualification: (Check all that apply)

- Decreased hours or work due to the pandemic
- Laid off due to the pandemic
- Direct family member with the virus or required to be self-quarantined due to the virus

How is this crisis affecting your family?

Please attach a copy of your most recent pay stub and if applicable, a copy of your temporary layoff notice or notice from a licensed health care provider for you, your spouse, significant other, or child to remain at home.

Minimum loan amount is \$500.00 and maximum loan amount is \$2,500.00. Must be an existing member to qualify. One loan per member; maximum of two loans per member household allowed. Member job impact must be as a direct result of COVID-19; no other workplace impacts will be considered for this Emergency Loan Program. By signing below you certify that everything you have stated in this application is correct to the best of your knowledge, you authorize the Credit Union to obtain credit reports in connection with this application and you certify that you qualify for this Emergency Loan Program based on the qualifications listed above.

APPLICANT'S SIGNATURE	DATE
X	
CO-APPLICANT'S SIGNATURE	DATE
X	

CREDIT UNION USE ONLY

Product Code: 30	Approved:	Denied:
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