

EXTREME HARDSHIP LOAN APPLICATION

Personal Information

Last Name: _____ First Name: _____

Address: _____
Postal Code: _____

Home Phone: _____ Home Email: _____

Marital Status: _____ Name of Spouse: _____

of Dependents: _____ Dependents' Ages: _____

Employment Information

Employer: _____ Worksite: _____

Start Date: _____ Employee # _____

Eligibility

Reason for loan request: Medical Grievance Other

Expected return to work date: _____

Have you received a loan from us in the past? Yes No

Loan Amount: \$ _____

Has the loan been paid in full? Yes No N/A

Assistance

Have you applied for EI? Yes No N/A

Have you applied for WCB? Yes No N/A

Have you applied for LTD? Yes No N/A

Have you applied for Social Assistance? Yes No N/A

If yes, Please specify Application date: _____

Date benefits started: _____

Date benefits ended: _____

Amount received per month: \$ _____

Date benefits denied: _____

Additional Information

Do you contribute to VESP?

Yes

No

Date of last withdrawal: _____

Assets Savings/Bank Accounts: \$ _____

Bonds/Stocks/RRSP's: \$ _____

VISA/MasterCard/Line of Credit: \$ _____

Have you approached your bank regarding
debt consolidation or loan payment deferral?

Yes

No

Have you approached Credit Counselling
Services of BC?

Yes

No

Extreme Hardship Loan Policy 10.5.2

The Society Board will consider requests for limited and specified assistance to relieve extreme, short term financial hardship caused by:

(1) Direct medical costs of treatment or rehabilitation for a serious illness or injury.

(2) Temporary loss of income due to employment circumstances which CUPE Local 15 is grieving.

Before concurring with requests under (1) and (2) above, the Society Board must be convinced that the member making the request is in dire need, has no access to other sources of money appropriate to the crisis, is not making the request in response to chronic financial difficulties, and is expected to return to their previous position or another position within CUPE Local 15 jurisdiction. The maximum hardship loan will not exceed \$1,500. A repayment schedule will be set up (usually \$50 per pay cheque) with appropriate documentation signed and post-dated cheques, as required, left on deposit.

This is to certify that I have read the above Hardship Loan Policy, and agree to the terms of repayment, should my loan application be approved:

Loan Amount Requested \$ _____

Note: Maximum is \$1,500

Applicant's Signature

Date

For Office Use

Hardship Loan Approved by Society Board

Yes

No

Date _____