

Colorado State University (CSU) has established an emergency loan program available to eligible employees experiencing a hardship for which the employee has an immediate need for financial assistance. The application is reviewed by the EHLF Review Committee (EHLFC) which determines if the loan is reasonable and necessary to meet a bona fide emergency. Examples include expenses related to the death of a family member, being a victim of a serious crime affecting financial accounts, urgent medical treatments not covered by insurance, or an unforeseen, calamitous event creating hardship not caused by the employee. **Disclaimer Regarding Tax Liabilities.** CSU and its employees and agents make no representation as to the tax consequences of any payment, loan or grant made under this or any other program. If there is any tax advice contained herein, it is not intended to be used, and cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed under the internal revenue code.

INSTRUCTIONS

Complete this form in its entirety. You are limited to one (1) loan award every two (2) years. If you would like assistance completing this form, please contact Human Resources at (970) 491-MyHR (6947). **In order for your application to be considered; you must provide supporting documentation** of the emergency need for which the loan is being requested. Return this completed application to Human Resources at 555 S. Howes Street, Campus Delivery 6004, Fort Collins, CO 80523-6004, by fax: (970) 491-6302 or email: MyHR@colostate.edu.

ELIGIBILITY

Academic Faculty on regular, special, senior teaching or temporary appointments and Administrative Professionals on regular, special or temporary appointments of half-time or greater; Post-Doctoral Fellows, Veterinary Interns and Clinical Psychology Interns on appointments of half-time or greater; and State Classified salaried employees are eligible. An employee is not eligible during any period in which the employee is not in a regularly paid employment status (for example, during a sabbatical, on leave without pay, or other such absence), and loans are not available to 9-month appointees during the summer session (unless the employee is on a contract for that session).

| I. Employee Information | | |
|---|--|---|
| Employee Name | Employee ID # | |
| Department | How should we contact you? | When is the best time for us to reach you? |
| Home Address | <input type="checkbox"/> Work _____ | <input type="checkbox"/> Morning |
| City, State, Zip | <input type="checkbox"/> Home _____ | <input type="checkbox"/> Afternoon |
| | <input type="checkbox"/> Cell _____ | <input type="checkbox"/> Evening |
| | <input type="checkbox"/> Email _____ | |
| Employee Type | Appointment Type | Pay Frequency |
| <input type="checkbox"/> Academic Faculty <input type="checkbox"/> Administrative Professional <input type="checkbox"/> State Classified Salaried (non-hourly) <input type="checkbox"/> Post-Doctoral Fellow, Veterinary or Clinical Psych Interns | <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> Senior Teaching <input type="checkbox"/> Temporary | <input type="checkbox"/> 12-Month <input type="checkbox"/> 9-Month <input type="checkbox"/> 9-Months paid over 12 |

| | | |
|--|----------|---|
| Loan Amount Requested (\$100 - \$1,000) | \$ _____ | Note: Loan amounts will ordinarily be available within three to five business days following approval by the EHLF committee. Repayment must be authorized by payroll deduction prior to any loan disbursement. |
|--|----------|---|

| II. Emergency Loan Information |
|--|
| <p>An emergency is an unforeseen event or set of circumstances that causes severe financial hardship, when the employee has inadequate funds from other sources to provide relief. I am requesting an emergency loan from CSU for the following reasons (check all that apply):</p> <p><input type="checkbox"/> Death in the family causing financial difficulties, such as unexpected travel to attend the funeral;</p> <p><input type="checkbox"/> Being the victim of a serious crime, especially when it deprives the employee of cash, credit or access to their accounts</p> <p><input type="checkbox"/> Urgent medical, dental or other healthcare treatment expenses not covered by insurance;</p> <p><input type="checkbox"/> An unforeseen, calamitous event or urgent circumstance that creates a hardship that is not caused by the employee;</p> <p>(Non-emergency reasons for which loans cannot be granted include: (1). Money needed to supplement a deficit caused by predictable bills such as income tax, auto registration or maintenance, rent or mortgage payments, and moving expenses, (2). Money needed to pay for vacation expenses during annual leave, (3). Personal purchases or gifts for others on holidays or special occasions.)</p> |



Employee Hardship Loan Fund (EHLF)

Emergency Loan Agreement and Payroll Deduction Authorization

Colorado State University
Human Resources
555 S. Howes Street
Ft. Collins, CO 80523-6004
(970) 491-MyHR (6947)

| | |
|---------------|---------------|
| Employee Name | Employee ID # |
|---------------|---------------|

You must provide supporting documentation of the emergency for which the loan is being requested. Supporting documentation can be uploaded by clicking on the attachments icon on the bottom of this page.

Employee Acknowledgement

Each statement below must be acknowledged in order for the application to be considered complete.

- Initial _____ I understand this application will be used to determine my eligibility for an Employee Hardship Loan. I certify that the information I provide is true and correct.
- Initial _____ I certify that my employment status is in good standing and I am not currently under probation or the subject of a corrective or disciplinary action; and that this may be verified by Human Resources.
- Initial _____ I agree that this form may be used by University departments and employees for administering the loan program and may be transmitted to others outside CSU if required by law or in connection with a collection action.
- Initial _____ I hereby authorize repayment of this loan, if approved, by having my loan payments deducted from my CSU paycheck beginning with the next payroll cycle occurring in the month after the loan disbursement date (for example, a loan disbursement in January begins deductions in February). I understand this program provides no more than one (1) loan award every two (2) years.

Click here to attach supporting documentation. Attachments can include scanned copies or images of statements or invoices, letters, or other documents that support your need for financial assistance.



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| | |
|---------------|---------------|
| Employee Name | Employee ID # |
|---------------|---------------|

III. Emergency Loan Repayment Terms and Authorization for Payroll Deduction

This agreement shall be legally binding on both parties until the debt has been satisfied. I agree that:

- I hereby authorize my employer, Colorado State University, to deduct equal installments each pay period from my salary until the loan amount of Requested Amount is satisfied. **The repayment period is 6 (six) months for loans of \$100 - \$500 or twelve (12) months for loans of \$501 - \$1,000.** I further authorize Colorado State University to deduct any outstanding balance due under this loan from my final paycheck, up to the extent that my earnings allow, upon separation from employment at Colorado State University.
- This is a legally enforceable agreement to repay a debt. By signing below, I agree to make all payments listed above as and when due. If a payment is not deducted from my paycheck when due, I will remit the payment directly to the University (in person at Business & Financial Services, 555 S. Howes St., Third Floor or by mail to: Attn: University Controller, Campus Delivery 6003, Fort Collins, CO 80523-6003, within three (3) business days of the original due date.
- This agreement may not be terminated or modified except by written agreement signed by both parties.
- I understand that if, for any reason, payments are not received by the University as agreed, I am responsible for the full amount due and that, in the event of a late payment, a payment deferral charge of 1.5% of the amount owed will be added to the loan obligation each month until paid. I further understand and agree that if this obligation becomes delinquent at any time and must be referred by the University for collection, I am responsible for paying any late payment charges, collection agency fees up to 40% of the debt, and all costs and expenses including, but not limited to, reasonable attorney fees that CSU incurs in its collection efforts.
- I also understand that if I separate from employment before the loan is fully paid, or at any time am not receiving a paycheck (e.g., 9-month employees not being paid over the summer), I will be responsible to make the loan payments by remitting funds directly to Business & Financial Services.

Employee's Signature

Date

[Click here to submit form via email. >>>>](#)

- For Office Use Only -

Human Resources: Eligible Yes No Authorized by _____ Date _____

Does the employee have sufficient earnings for repayment of this loan, as required under the Federal Consumer Protection Act? Yes No

EHLF Committee: Approval Yes No Authorized by _____ Date _____

Amount of Loan Approved \$ _____ 6 Months 12 Months

Business & Financial Services (loan processing):

Monthly Loan Amount \$ _____

Loan Repayment Deduction Begins: _____
(Calendar Month)

Processed by _____ Date _____