



### Emergency Help Loan

A \$20 Application Fee must be paid at the time the application is submitted. Loans will be based on income and length of employment and will be a minimum of \$200 and no more than \$1,000. Repayment terms will not exceed 120 days.

**Please submit the following items with your application:**

- 1. Current pay stub
- 2. A current utility bill, insurance bill, credit card or mortgage statement with an address that matches the address on file.

**In order to qualify for an EHL you must:**

- 1. Be at least 18 years of age and have at least \$1,000 monthly gross income
- 2. Be a credit union member for at least 30 days and in good standing
- 3. You must have a direct deposit established that is equal to or greater than the payment amount with the credit union
- 4. Applicant cannot be in bankruptcy and cannot have caused a loss to the credit union
- 5. Be employed with current employer for at least one year

**Please Note:**

- 1. EHL Application fee is not refundable
- 2. EHL loans must be paid in full before making a second request
- 3. Funds must be deposited into the member's Mercy Credit Union account
- 4. Repayment term is determined by amount borrowed:
  - a. \$200-\$299 – repayment term is 2 months
  - b. \$300-\$499 – repayment term is 3 months
  - c. \$500-\$699 – repayment term is 4 months
  - d. \$700-\$899 – repayment term is 5 months
  - e. \$900-\$1,000 – repayment term is 6 months
- 5. A third request in a rolling 12 month period requires credit counseling.

Account Number: \_\_\_\_\_ Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Loan Amount Requested: \_\_\_\_\_

Gross Monthly Income (Must Be Greater Than \$1,000): \_\_\_\_\_

Employer: \_\_\_\_\_

Start Date (Must Be Greater Than One Year): \_\_\_\_\_

For Office Use: Date of Membership: \_\_\_\_\_ Account in Good Standing: Yes \_\_\_ No \_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_