



FEEA EMERGENCY ASSISTANCE FACT SHEET

The emergency assistance program is for federal and postal employees who have encountered a recent emergency that was unforeseen and beyond their control. If this emergency has caused the employee to fall behind in their basic living needs such as shelter costs and utilities, he or she is eligible to apply for a no interest emergency loan or grant.

FEEA emergency loans and grants may be provided due to the following unforeseen emergencies:

PERSONAL HARDSHIPS

1. Death in the employee's immediate family
 - Assistance with travel expenses
2. Loss of income
 - LWOP due to severe illness. Employee must be back to work.
 - Family breakup - separation, divorce
3. Critical illness in the employee's immediate family

MAJOR LOSS OF PROPERTY

1. Due to natural disaster such as: fire, flood, hurricane

MEDICAL EMERGENCIES

As a general rule, most medical emergencies are beyond the capacity of FEEA. However, assistance may be given for necessities that might not be included in health insurance such as hearing aids or medical equipment needed to continue work.

SHORT-TERM ASSISTANCE

Government pay error - in cases where the pay shortage was caused by governmental error (an administrative or disbursing mistake, computer problem, check lost in the mail, etc.), FEEA may provide assistance up to the amount of the pay shortage for one pay period (not to exceed \$600) under the condition that the loan is repaid in full once the error has been corrected.

Grants vs. Loans - For the most part, FEEA assistance will be in the form of no interest loans as opposed to grants. Checks will be made payable to the creditor.

Loan Limit is currently \$600 - repayment is by allotment.

Call 1-800-323-4140 if there is a question or an application is needed.

Federal Employee Education & Assistance Fund

Application for Emergency Assistance

Dear Federal Employee,

FEEA provides no-interest loans and grants for federal employees who have had an unforeseen emergency such as personal hardship, death in the family or loss of property due to a natural disaster. If this emergency has caused the employee a financial loss to the extent that he or she is unable to pay basic living needs, he or she is eligible to apply. The applicant must be currently employed with the civilian federal government and must have at least one year of employment. FEEA assistance will be made in the form of checks written to specific creditors only.

When filling out this FEEA Emergency Assistance application for either the no-interest loan or grant program, please remember to complete all sections. Applications must be complete in order to process. This application along with any material sent will become the property of FEEA. **DO NOT** send original bills, etc.

*** Please send the following required information:**

- 1) Letter explaining emergency situation (on Page 4 of application)
- 2) Most recent SF-50 (Standard Form 50-Notification of Personnel Action) or equivalent
- 3) Most recent leave and earnings statement (and spouse's pay stub, if applicable)
- 4) Documentation of unforeseen situation (for example, medical bills not covered by insurance that you have paid, doctor's note if medical, LWOP verification, police or insurance report if stolen or damaged property, receipts for funeral/travel expenses, etc.)
- 5) Documentation of the bill(s) you are requesting assistance for, such as notice of delinquent rent/mortgage payments or utility bills (only basic living needs will be considered)

Please provide any additional information which might be helpful in providing FEEA's case workers with an accurate assessment of your needs. If you are seeing a counselor with the Employee Assistance Program (EAP), please provide the name and phone number of the counselor. For the most part emergency assistance will be in the form of no-interest loans repayable through a payroll deduction. The type of financial assistance (i.e., grant, partial grant or loan) will be determined by FEEA.

FEEA does not provide emergency assistance to pay for debt consolidation, poor financial planning, non-essential items or other expenses derived from non-emergency circumstances.

Please return application with the additional documentation to
FEEA

Suite 200

8441 West Bowles Ave.

Littleton, CO 80123-3245

Questions? 1-800-323-4140



Personal Information

First Name _____ Middle Initial _____ Last Name _____

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Date of Birth _____ Social Security Number _____ Home Telephone _____

Home Address _____

City _____ State _____ Zip _____ E-mail Address _____

Dependents: Total Number:

First and Last Name	Relationship	Age	Current Address

Employment Information

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Federal Agency Name _____ Business Telephone _____

Agency Office Address _____

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Immediate Supervisor _____ Business Telephone _____

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Payroll/Financial Office Contact Person _____ Business Telephone _____

Emergency Information

Reason for assistance(the unforeseen emergency). Please provide written explanation on back page and provide documentation (copies only.) (Maximun of loan \$600) Amount Requested _____

Medical Emergency _____ Natural Disaster _____ Government Pay Error _____

Other _____ (i.e., relocation expenses, funeral expenses, LWOP)

Some organizations have special funds set up to provide additional assistance. Please indicate if you are a member of any of the following groups:

AFGE _____ NTEU _____ NFFE _____ FMA _____ FEW _____ SEA _____ NARFE _____

Monthly Household Income

Net Pay of Federal Employee _____

Net Pay of Spouse _____

Disability/Retirement _____

Other: (e.g., child and/or roommate support, unemployment) _____

Checking & Savings Accounts

Financial Institution _____ Balance _____

Financial Institution _____ Balance _____

Bankruptcy

In the Process of Filing yes ___ no ___

In Last 6 Months yes ___ no ___

Currently Paying On yes ___ no ___

Past/Present bankruptcy will not necessarily disqualify you for a loan.

MORTGAGE INFORMATION

OWN or RENT

RENTAL INFORMATION

Mortgage Holder _____

Balance Due on Mortgage _____ Monthly Payment _____

Liens or Second Mortgage Co. _____ Payment _____

Second Balance _____

Rental Name or Owner _____

(_____)

Contact's Phone _____

Monthly Payment _____

Personal Finances

(use additional space on back - if necessary)

Name of Creditor _____ Balance _____ Monthly Payment _____ Item _____

Name of Creditor _____ Balance _____ Monthly Payment _____ Item _____

Name of Creditor _____ Balance _____ Monthly Payment _____ Item _____

Monthly Household Expenses

Rent/Mortgage _____ Utilities _____ Phone (basic) _____ Food _____

Clothing/Laundry _____ Child Care _____ Car Insurance _____

Transportation _____ Credit Cards _____ Car Payment _____ **Total Expenses:** _____

Please read and sign:

RELEASE OF INFORMATION: I give FEEA authorization to check my credit record and to receive, and exchange information about my credit history. I further authorize my payroll office/finance center to release information pertaining to my leave and earnings statement and work status, and authorize FEEA to receive information from my supervisor as deemed necessary. By signing below I certify I have fully and truthfully completed this application.

Printed Name

Signature

Date

Applicant Loan Agreement

Dear Applicant:

Most Federal Employee Education & Assistance Fund (FEEA) help is provided in the form of no-interest loans. Grants are made infrequently, and only in the most extreme circumstances. Loan repayments are deposited into the FEEA emergency assistance account and are used to help additional federal families.

FEEA receives no government funds. All FEEA programs are funded by employee contributions to FEEA during the Combined Federal Campaign. FEEA also receives funds from corporate sponsors, such as GEICO. GEICO is the sole corporate sponsor of the FEEA emergency assistance program this year.

Because funds are limited, assistance on any individual case is limited to \$600.

If I am granted a no-interest loan, I agree to repay in the amount as assigned by FEEA. I also agree that the allotment will not be changed or altered until the loan is paid in full. The amount repaid each pay period will be determined at the time the loan is authorized.

I further agree to complete and follow the proper procedures with a Direct Deposit sign up form. The instructions will be provided at the time the loan is approved.

Name: _____

Address: _____

City, State, Zip: _____

Phone: (home): () _____

(work): () _____

Date: _____ Signature: _____

SSN: _____

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

to

FEEA

SUITE 200

8441 WEST BOWLES

LITTLETON, CO 80123

1-800-323-4140