

## EMERGENCY LOAN PROGRAM APPLICATION

Full Name: Address: Email address: Employer*: Employer phone: Have you received a loan from SEG in the past?	City, State, Zip Home phone Cell phone # of yrs/mos at employer:
Email address: Employer*: Employer phone: Have you received a loan from SEG in the	Home phone Cell phone
Employer*: Employer phone: Have you received a loan from SEG in the	Cell phone
Employer phone: Have you received a loan from SEG in the	•
Have you received a loan from SEG in the	# of vrs/mos at employer:
•	# Of yrs/files at chiployer.
past?	# of people in your household
	# of children under 18 in household
*please submit copies of your last two paystubs	
<u>References</u>	
Name	Relationship Phone Number
1.	
2.	
3.	
<u>Loan Request</u>	
Please check all that apply:	
Please check all that apply:  ☐ Car repair ☐ Medical	☐ Housing/Rent expense ☐ Other
Please check all that apply:	☐ Housing/Rent expense ☐ Other
Please check all that apply:  Car repair Medical  Please provide additional description:	
Please check all that apply:  Car repair Medical Please provide additional description:  Itemized purpose	Amount
Please check all that apply:  Car repair	Amount \$
Please check all that apply:  Car repair	Amount \$
Please check all that apply:  Car repair	Amount  \$ \$ \$
Please check all that apply:  Car repair	Amount \$
Please check all that apply:  Car repair	Amount  \$ \$ \$
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