

LOS ANGELES WATER AND POWER EMPLOYEES ASSOCIATION
WILDFIRE DISPLACEMENT-EMERGENCY RELIEF LOANS

The Los Angeles Department of Water and Power Employee Association is deeply saddened by the challenges you and your families are facing during this incredibly difficult time. Please know that we stand with you every step of the way. In our ongoing commitment to supporting and enhancing the well-being of our active employees, we are offering no-interest loans to help you navigate through this challenging period. We hope this small gesture can provide some relief as you work toward recovery.

I. Emergency Loans

Emergency loans, up to \$2500, are available to those who have experienced a recent unanticipated financial hardship and/or displacement due to the California Wildfires.

- a. Loans are repaid via payroll deduction on the first payroll period of the month for the next three (3) consecutive months, following a six (6) month grace period.
- b. Please provide a copy of your California Driver's License or ID Card.

Requirements/Guidelines

Those eligible to apply include:

1. Employees who have completed probation with the Los Angeles Department of Water and Power and are currently on **ACTIVE** status with the Department payroll
2. Employees who contribute to the Department's Retirement Plan
3. Retired employees/surviving spouses receiving a monthly benefit check from the Department

Loans over \$500 require a death benefit beneficiary change.

Request for Financial Assistance

Type and amount of assistance you are requesting:

Emergency Loan \$ _____ Medical/Dental \$ _____ Death-in-Family \$ _____

_____/_____/_____
 Last Name First Name MI Sex (M/F) Birth Date

 Home Address City State Zip

 Employee # Last four of SSN Preferred Contact Number Work Phone

Marital Status: Married Domestic Partner Divorced Single Number of Dependents: _____ Home (Own/Rent): _____

 Spouse's Name Spouse's Income Any Additional Income (Explain)

Job Title: _____ Date employed: _____ Years with LADWP: _____

LADWP Employment Status (check one): Permanent Part-time/Permanent Part-time/Temporary Limited Exempt
 Retired Surviving Spouse

Are you currently on probation? yes no Are you currently on disability, or workers compensation? yes no

 Work Address City State Zip Business Unit

 Payroll and Section Number Supervisor's Name Supervisor's Phone Number

Have you ever received financial assistance from the Employees Association? yes no

OFFICE USE ONLY:

Type of Previous Assistance:	Date:	Reason	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Time Stamp:

STATEMENT OF OBLIGATIONS

List all current financial obligations, including mortgage/rent, utilities, LADWP Employees Association Welfare Loans, and LADWP Credit Union Loans. Any additional obligations maybe added on a separate sheet.

CREDITORS	MONTHLY PAYMENT	BALANCE	REASON
LADWP Employees Assn.			
LADWP Credit Union Payroll Deduction Y <input type="checkbox"/> N <input type="checkbox"/>			
Mortgage/ Rent			
Telephone/Cable/Internet			
Water/Power			
Gas			
List Charge Accounts:			
1.			
2.			
3.			
4.			
List Other Obligations			
Groceries			
Gasoline			
Child Care			
Insurances (Auto, Home, Life, etc..)			

I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for immediate cancellation or denial of all future loan applications. It is also my understanding that this assistance, if approved by your committee, will be granted from the Welfare Fund of the Association, and it is my further understanding that this fund is a revolving fund and that any assistance granted to me must be repaid in order that it may be used in granting assistance to others. For this reason, I am handing you herewith a contract to repay on demand any and all sums of money that may be used in assisting me, and I also hereby authorize the Los Angeles Water and Power Employees Association, Inc. to collect said sums of money by payroll deduction, by salary assignment, and/or by such other means as may in the discretion of the Association be necessary or expedient.

Signature _____ Date _____

Type of assistance you are requesting: Emergency Loan Medical/Dental Death-in-Family

Please use the space below to provide the following information:

If applying for an **Emergency Loan** clearly explain the unanticipated hardship and the circumstances surrounding the request (remember to provide supporting documentation). Explain what bill(s) are to be paid through the loan and the amount(s) due.

If applying for a **Medical/Dental** loan, please include a statement noting the patient's name and relationship, the medical/dental procedure and any other pertinent details.

If applying for a **Death-in-Family** loan, please note the decedents name and relationship, the date of services and the payment due date.

Signature

Date

Understanding Your Confidentiality Rights

When you come to the Los Angeles Water and Power Employees Association for financial assistance, we consider the information required to process your request as confidential. Your Employees Association respects your privacy, and will do everything we can to protect your personal information. As part of the review process, the Employees Association may also contact your creditors solely for the purpose of verifying information pertaining to your request for assistance. Information you provide during the application process will not be released to anyone without your permission, except to the following:

- **All staff and supervisors involved in the process of your application process.**
- **All Employee Assistance Committee members involved in the review of your application.**
- **Your supervisor will be contacted only to verify your current employment status.**

If you have questions, please feel free to contact the Director of the Employees Association at (213) 367-3356.

I have read and understand the above and hereby authorize the Employees Association staff to contact and verify all information in my application with the creditor(s) regarding my request.

Applicant signature

Date

- **Send this application and all documentation to: employeeassistance@ladwp.com**