

Starting July 1, 2023, loans will now be offered as a one-time only loan. Loans prior to July 1, 2023 will not count towards the one-time assistance.

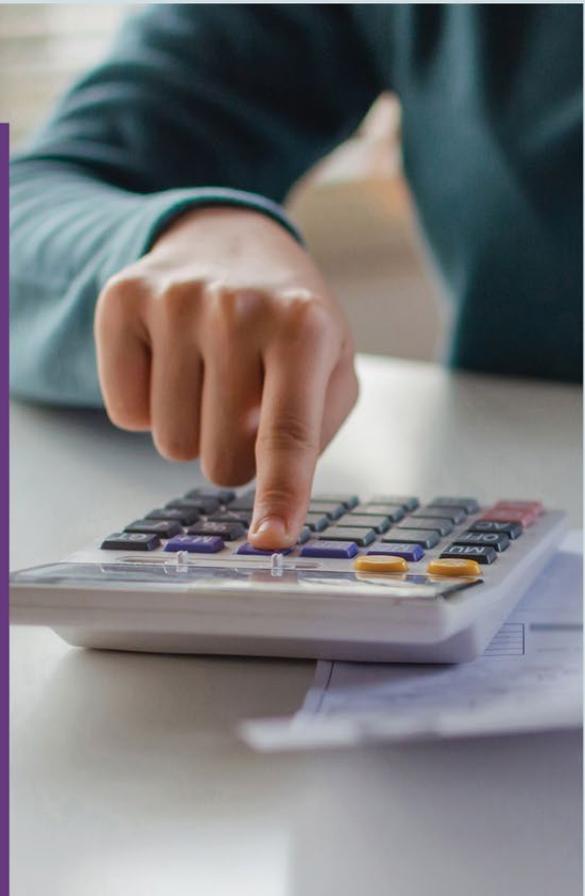
This year, I want to prioritize

taking control of my finances

Whatever your goals, JHEAP can assist!

Free and confidential for you and your family members, the program provides a range of **financial resources**:

- **Consultation with financial educators on budgeting, managing debt,** purchasing a home, saving for the future, recovering from identity theft, and more
- **Community resource location** to help with critical financial concerns including energy assistance, food, housing, managing bills
- Referrals to additional financial support and resources
- Online financial calculators, tools, and articles
- Online access to **TaxSlayer** software, offering the option to prepare, print, and e-file your simple federal and state tax returns for free



PHONE: 888-978-1262

WEB: www.myccaonline.com
(Company Code: JHEAP)

APP: [CCA@YourService](#)
(Access Code: JHEAP)

JOHNS HOPKINS
UNIVERSITY & MEDICINE





Emergency Loan Packet For University Employees

Instructions

1. Complete forms 1, 2, and 3 (Consent Form, Conditions and Application, Memorandum to Supervisor) and have supervisor sign Form 3: Memorandum to Supervisor.
2. Submit forms 1, 2, and 3 and a delinquent bill that **must be in the applicant's name** to FAP@jhu.edu, fax 443-997-5820 , or in-person at 1101 E. 33rd Street, Suite D200, Baltimore MD 21218.

Within 3 business days of receipt of all necessary Emergency Loan documents, a Benefits Service Center representative contacts you regarding loan eligibility.

Questions?

- Email FAP@jhu.edu
- Call the Benefits Service Center at 410-516-2000
- For financial counseling and/or alternative financial resources, please contact JHEAP at 888-978-1262

If you are a JHH/JHHS employee, please call 443-997-5400.

Financial Assistance Program



Form 1: Consent Form

Statement of Understanding and Consent for the Release of Confidential Information

I, _____
Name of Applicant Last 4 digits SS#

authorize the people or institutions named below to make available to and among each other information specifically related to my employment and any other information (other than my health information) that may be relevant in determining my eligibility to receive a loan under the terms of the Johns Hopkins University Financial Assistance Program.

1. My designated supervisor: _____
Name of Supervisor(s)

Supervisor's Work Telephone Number

Supervisor's Work Email Address

2. The Johns Hopkins Federal Credit Union
3. The Johns Hopkins University Human Resources and Payroll Department
4. The Johns Hopkins mySupport Program

In the event of default, (i.e., I do not repay the loan) I understand that as part of this process, the Johns Hopkins Federal Credit Union will report that information to credit bureaus.

I understand that the confidentiality of my Financial Assistance Program record is strictly protected. I also understand that this confidentiality requirement extends to my supervisor, The Johns Hopkins Federal Credit Union, and Payroll for information related to this matter. I further understand that I may revoke this consent at any time in writing except if I have already obtained a loan with it.

Signature of Applicant

Date

For further information, contact the Benefits Service Center at 410-516-2000.

Financial Assistance Program



Form 2: Conditions and Application

Instructions

1. Complete forms 1, 2, and 3 (Consent Form, Conditions and Application, Memorandum to Supervisor) and have supervisor sign Form 3: Memorandum to Supervisor.
2. Submit forms 1, 2, and 3 and a delinquent bill that **must be in the applicant's name** to FAP@jhu.edu, fax 443-997-5820, or in-person at 1101 E. 33rd Street, Suite D200, Baltimore MD 21218.
3. Within 3 business days of receipt of all necessary Emergency Loan documents, a Benefits Service Center representative contacts the employee regarding loan eligibility.
4. If you have any questions, contact the Benefits Service Center at 410-516-2000.

Mission of the Program - The Johns Hopkins University Financial Assistance Program was developed to meet specific emergency financial needs of JHU employees who satisfy a defined set of criteria and are subject to the approval of *The Johns Hopkins Federal Credit Union (JHFCU)*. Short-term assistance ranging from \$300 - \$750 may be underwritten to employees who have the inability to meet a financial obligation, to the extent that this inability was occasioned by circumstances beyond the applicant's control, and will significantly impact the applicant's well-being. Financial assistance is underwritten through an agreement between JHU Human Resources and JHFCU.

Financial Assistance Provisions - Monetary financial assistance:

- Is provided at the discretion of JHFCU and JHU Financial Assistance Program
- Is subject to current JHFCU interest rates; loans may be repaid early to reduce interest charges
- May be available to employees who have never joined JHFCU, current JHFCU members in good standing, and previous JHFCU members whose accounts were closed in good standing
- May be available if the applicant meets the conditions below, as assessed by a Benefits Service Center representative; any mis-truths or unauthorized changes to the forms or procedures invalidates the process
- Approval is valid for two weeks; following this time period, the applicant must re-apply to the program
- One time loan as of July 1, 2023

Financial Assistance Conditions – The conditions for assistance require that each applicant:

- Acceptable bills include: electric, mortgage, rent, childcare, medical or another basic need.
- Is a **full-time university employee** who is past their probationary period and who has not been involved in disciplinary action within six months prior to the date of application. For this purpose employees include: full-time faculty and staff, post-doctoral students and fellows, and house staff. JHU employees in an introductory period or in progressive discipline, contract employees, family members and significant others are NOT eligible to receive financial assistance.
- Is a **member of the JHFCU** or willing and able to become a member. The \$25 minimum balance requirement can be included as a part of this loan. **Applicants must be in good standing with JHFCU (e.g. no negative balances or delinquent loans).**
- **Has not declared bankruptcy** in the past year.
- Is not subject to a current performance management or performance improvement plan.
- Provides a **signed confirmation** from his/her supervisor of his/her continuing employment potential for a period of at least six-months from the date of the application.
- Is willing to have direct disbursement of monies made to the persons or creditors designated by the Benefits Service Center.
- **Agrees to repay via direct payroll deduction** from the university salary of the applicant, and in the event of discontinuation of a deduction for any reason, including but not limited to unpaid leave of absence or termination, any outstanding monies owed to the university will be withheld or recovered from the employee's final payment(s) or settlement

Form 3: Memorandum to Supervisor FINANCIAL ASSISTANCE PROGRAM

TO: Supervisor of [insert employee name] _____

FROM: Diana Abbott, Director, Benefits Strategy and Service

RE: Financial Assistance Application

DATE: ____/____/____

The employee whose name appears above has applied for financial assistance under the terms of the Johns Hopkins University Financial Assistance Program. The applicant must meet certain conditions to qualify for this program. Your signature on this document attests that, to the best of your knowledge:

1. The employee is full-time, in good standing with Johns Hopkins University, and has not had a disciplinary action in the last six months.
2. To the best of your knowledge, the employee is likely to continue his/her employment with Johns Hopkins University for at least the next six months.
3. There are no circumstances known to you that would prevent the applicant from repaying the funds in a timely manner nor do you anticipate a leave of absence in the next six months.
4. There are no current circumstances or performance or disciplinary concerns that indicate employment is likely to terminate in the next six months.

If you cannot make any of the above assertions, please explain here or contact the Benefits Service Center immediately at 410-516-2000.

Confidentiality Statement: This application and all matters relating to it are confidential and any information revealed to you as a part of this process should be treated confidentially. ***I have read this memorandum and will/have communicate(d) with a Benefits Service Center representative regarding my verification of the applicant's employment status with Johns Hopkins University. If this employee should voluntarily leave the university or is terminated within six months of receiving financial assistance, I agree to contact the Benefits Service Center immediately at 410-516-2000.***

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____

Supervisor E-mail Address: _____

Supervisor Phone Number: _____

For further information or if you have any questions, please contact us at 410-516-2000.