

UC Santa Barbara Academic Personnel

F.W. Dohrmann Emergency Loan Application

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Payroll Title: _____

Email: _____ Department: _____

Employee ID : _____ Loan amount requested: _____

Please give a complete explanation of the situation leading to this request.

Repayment Information

First paycheck deduction date: _____

Number of payments: _____ Amount per month: _____

Signature: _____ Date: _____