



Hawaii Nurses and Healthcare Professionals (HNHP)

In Partnership with the AFT Nurses and Health Professionals (AFT)

Special Assistance Interest-Free Loan Application

The Special Assistance Interest-Free Loan Program provides emergency financial support to union members experiencing income interruptions due to a strike. This program demonstrates our commitment to serving and supporting union members and their families during challenging times.

Loan Program Requirements

- Applicants must be members in good standing of HNHP.
- Applicants must provide a completed loan application.
- Applicants must provide their two most recent pay stubs.
*One paycheck should reflect loss of wages due to strike activity.
- Loan amounts available in increments up to \$600 per week, per request.
- No application fee will be charged for this loan product.
- No credit report will be pulled on applicants.
- Loans will not be reported to credit agencies.
- First payment due 45 days after disbursement.

Loan Terms

Loan terms are based on the duration of the strike. Loan amounts are disbursed in increments of \$600 per week (5-day period) that the strike is in effect. Repayment terms are as follows:

- Up to 12 months (strike lasting up to 4 weeks): Up to \$2,400
- 13 to 15 months (strike lasting up to 5 weeks): Up to \$3,000
- 16 to 18 months (strike lasting up to 6 weeks): Up to \$3,600

Members can apply for 'strike loans' up to four (4) weeks after the end of a strike. Repayment terms may extend as the strike continues, with a general guide of three additional months per additional week of strike duration.

***Promissory Note must be signed after approval and prior to disbursement of funds.**



Applicant Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dependents (and ages): _____

Employment Information

Employer Name: _____

Employer Address: _____

Job classification: _____

Length of Employment: _____

Monthly Income: \$_____

If employed less than 5 years, list previous employer: _____

Loan Details

Loan Purpose: _____

Loan Amount Requested (max is \$600/week of strike): \$_____

Debts & Obligations

List your current debts and monthly obligations (attach additional pages if necessary).

Creditor Name / Balance / Monthly Payment / Delinquent (Y/N):

1. _____

2. _____

3. _____



Assets

List your primary assets (e.g., checking, savings, vehicle, etc.):

1. _____
2. _____
3. _____

References

Reference 1 (Relative): _____ Phone: _____

Reference 2 (Personal): _____ Phone: _____

Borrower Acknowledgment and Repayment Agreement

By signing below, I acknowledge and agree that I am fully responsible for repaying in full all funds disbursed to me under the Special Assistance Interest-free Loan Program within twelve (12) months of the date of disbursement. I understand that failure to make timely payments may result in collection actions as permitted under Hawaii law, and that the lender retains the legal right to recover any outstanding balance through all lawful means, including but not limited to wage garnishment or other remedies available under applicable state and federal statutes.

Applicant Signature: _____ Date: _____