

# HEBREW FREE LOAN SOCIETY

675 Third Avenue, Suite 1905 New York, NY 10017

Telephone: 212-687-0188 Fax: 212-682-1120

Amt. Requested \$ \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Amt. Approved \_\_\_\_\_

Approval Date \_\_\_\_\_

Date of Note \_\_\_\_\_

Code No. \_\_\_\_\_

Loan No. \_\_\_\_\_

## LOAN APPLICATION FORM

**PLEASE PRINT CAREFULLY IN BLOCK LETTERS**

adoption application

### BORROWER INFORMATION

Name \_\_\_\_\_ S.S. Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street \_\_\_\_\_ Home Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Business Telephone \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Personal Checking Account Number \_\_\_\_\_ Personal Bank Name \_\_\_\_\_

(If self-employed) Business Checking Account Name & Number \_\_\_\_\_

Bus. Bank Name \_\_\_\_\_ Do you (and/or your Spouse) have Credit Card(s):  Yes  No

Aggregate Credit Limit on your Family's Cards \$ \_\_\_\_\_ Current Total Outstanding Balance on all Cards \$ \_\_\_\_\_

Have you previously been an HFLS Borrower or Cosigner (If so, when) \_\_\_\_\_

Spouse Name \_\_\_\_\_ S.S. Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Occupation \_\_\_\_\_

Have you previously been an HFLS Borrower or Cosigner (If so, when) \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Business Telephone \_\_\_\_\_

**Hebrew Free Loan Society Staff Only**  
**BORROWER**  
Employ. Ver #1 \_ Yes \_ No - Salary \_ Yes \_ No  
Employ. Ver #2 \_ Yes \_ No - Salary \_ Yes \_ No

**Note: If the Borrower is married then the Spouse must sign where indicated. \***

**Representations:** By signing below, you represent that all information given in this application is true and complete.  
**Credit Reports and Verification:** By signing below, you authorize us to obtain a credit report on you. If you ask, we will tell you if a report has been obtained and the name and address of the agency furnishing the report. You also authorize anyone named in this application or any credit report we obtain regarding you to verify any information given in this application or on the credit report.

\_\_\_\_\_  
Borrower's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

**COSIGNER #1 INFORMATION**

Name \_\_\_\_\_ S.S. Number \_\_\_\_\_ Home Telephone \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Current Employer or Business \_\_\_\_\_ Start Date (Month/Year) \_\_\_\_\_ Telephone \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Personal Checking Account Number \_\_\_\_\_ Bank Name \_\_\_\_\_

(If self-employed) Bus. Ckg Acct Name & Number \_\_\_\_\_ Bank Name \_\_\_\_\_

Previous Employer \_\_\_\_\_ Start Date (Month/Year) \_\_\_\_\_ End Date (Month/Year) \_\_\_\_\_ Tel. \_\_\_\_\_

Have you previously been an HFLS Borrower or Cosigner (If so, when) \_\_\_\_\_

Time Known Borrower \_\_\_\_\_ Relationship to Borrower \_\_\_\_\_

Spouse Name \_\_\_\_\_ S.S. Number \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Current Employer or Business \_\_\_\_\_ Start Date (Month/Year) \_\_\_\_\_ Telephone \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Have you previously been an HFLS Borrower or Cosigner (If so, when) \_\_\_\_\_

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\_\_\_\_\_  
Cosigner #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**COSIGNER #2 INFORMATION**

Name \_\_\_\_\_ S.S. Number \_\_\_\_\_ Home Telephone \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Current Employer or Business \_\_\_\_\_ Start Date (Month/Year) \_\_\_\_\_ Telephone \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Personal Checking Account Number \_\_\_\_\_ Bank Name \_\_\_\_\_

(If self-employed) Bus. Ckg Acct Name & Number \_\_\_\_\_ Bank Name \_\_\_\_\_

Previous Employer \_\_\_\_\_ Start Date (Month/Year) \_\_\_\_\_ End Date (Month/Year) \_\_\_\_\_ Tel. \_\_\_\_\_

Have you previously been an HFLS Borrower or Cosigner (If so, when) \_\_\_\_\_

Time Known Borrower \_\_\_\_\_ Relationship to Borrower \_\_\_\_\_

**Spouse Name** \_\_\_\_\_ S.S. Number \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Current Employer or Business \_\_\_\_\_ Start Date (Month/Year) \_\_\_\_\_ Telephone \_\_\_\_\_

Street, City, State & Zip Code \_\_\_\_\_

Have you previously been an HFLS Borrower or Cosigner (If so, when) \_\_\_\_\_

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\_\_\_\_\_  
Cosigner #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**Note: If the Cosigner is married then the Spouse must sign where indicated above.**