



Hebrew Free Loan Association Loan Application

To be filled out by HFLA Board Member: Date: _____ Application #: _____ Outcome: _____
Interviewed By: _____ Referred By: _____

How did you find out about HFLA? _____

1) Name _____ Date of Birth: _____
Other name used: _____ SSN: _____ Driver's Lic#: _____

email1: _____ email2: _____

Phone: _____ Mobile: _____

Spouse Name _____ Date of Birth: _____

Other name used: _____ SSN: _____ Driver's Lic#: _____

email1: _____ email2: _____

Phone: _____ Mobile: _____

Current Address: _____ Zip: _____ How many years? _____

Prior Address: _____ Zip: _____ How many years? _____

Children living in household? Y / N . How many? _____ Ages: _____

Other dependents living in household? Y / N Explain: _____

2) Purpose of Loan: _____ Amount Requested: \$ _____

3) Loan Category (Circle one):

- | | | | |
|---------------------------|-----------------------|-----------------------------------|---------------------|
| a) immigrant resettlement | b) Automobile expense | c) education | d) temporary crises |
| e) tools/equipment | f) Religious Activity | g) Medical | h) home improvement |
| i) debt consolidation | j) small business | k) other recognized purpose _____ | |

4) Has the applicant been denied a loan from elsewhere? Y / N

Reason for denial (circle one):

- | | |
|------------------------|------------------------|
| a) unemployed | b) insufficient income |
| c) poor credit history | d) other: _____ |

5) Can the applicant reasonably be expected to obtain a commercial loan? Y / N

If no, circle reason:

- | | |
|------------------------|------------------------|
| a) unemployed | b) insufficient income |
| c) poor credit history | d) other: _____ |

6) Employer _____ Occupation _____ How long? _____

Address _____ Zip _____ Phone _____

Spouse's Employer _____ Occupation _____ How long? _____

Address _____ Zip _____ Phone _____



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7) Owns home: Y / N:

Year purchased: _____ Amount paid: \$ _____ Approximate market value: \$ _____
Mortgage balance: \$ _____ Lender: _____

8) Automobile owned:

Year: _____ Make: _____ Model: _____ Cost: \$ _____ Balance: \$ _____ Month Pay \$ _____
Year: _____ Make: _____ Model: _____ Cost: \$ _____ Balance: \$ _____ Month Pay \$ _____
Year: _____ Make: _____ Model: _____ Cost: \$ _____ Balance: \$ _____ Month Pay \$ _____

Total monthly automobile payment \$ _____

9) Name of primary bank: _____

Approximate total balance in all savings accounts: \$ _____

Approximate total balance in all checking accounts: \$ _____

10) Other major assets (including retirement accounts):

Asset: _____ Approximate value \$ _____

Asset: _____ Approximate value \$ _____

Asset: _____ Approximate value \$ _____

11) Other debts (credit cards and other loans):

CC/debt name: _____ Bal. \$ _____ Monthly payment: \$ _____

CC/debt name: _____ Bal. \$ _____ Monthly payment: \$ _____

CC/debt name: _____ Bal. \$ _____ Monthly payment: \$ _____

CC/debt name: _____ Bal. \$ _____ Monthly payment: \$ _____

Total monthly debt payments: \$ _____

12) Income: (Please estimate based on pay periods, or for the self employed, how much will be deducted for taxes etc.)

Salary (1), monthly net \$ _____

Salary (2), monthly net \$ _____

Other income(a) _____ monthly net \$ _____

Other income(b) _____ monthly net \$ _____

Total monthly net income \$ _____

Additional Monthly Expenses:

Rent/Mortgage: \$ _____ Landline \$ _____

BGE/utilities/water: \$ _____ Mobile Phone \$ _____

Total tuition: \$ _____ Online services/subscriptions \$ _____

Auto insurance: \$ _____ Health insurance: \$ _____

_____ : \$ _____ _____ : \$ _____

Food/clothing (not paid with credit card): \$ _____

Other expenses not paid by credit card: \$ _____

Total Additional Monthly Expenses \$ _____

Total monthly expenses (includes totals from sections 8 and 11 above): \$ _____

Net cash flow per month (income minus expenses): \$ _____

Date: _____ Application #: _____



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The following should be filled out by the HFLA representative during the interview:

13) Has the applicant previously applied for a HFLA loan? Y / N; Was the loan approved? Y / N
Is the applicant a previous HFLA borrower? Y / N Purpose of prior loan: _____

Previous loan a/c # _____ Date of Loan: _____ Loan Amount: \$ _____
Date of Last Payment: _____ Current Balance: \$ _____
Current Payment \$ _____

Payment experience with the borrower: Excellent Good Fair Poor

14) Is the applicant a client of JCS? Y / N

Does the applicant have a referral letter? Y / N

Name of caseworker: _____ Comments: _____

15) Nearest relative or personal reference with whom the applicant is NOT living with:

Name: _____ Relationship: _____
Home Phone: _____ Mobile Phone: _____ email: _____

Address: _____

16) Names of potential eligible comakers:

1. Husband: _____	Wife: _____
2. Husband: _____	Wife: _____
3. Husband: _____	Wife: _____
4. Husband: _____	Wife: _____
5. Husband: _____	Wife: _____

17) Interviewer's Remarks: _____

18) This concludes the interview. The HFLA representative must ask the applicant for:
Permission to share the data in this application with fellow board members for review, and if necessary, to contact and exchange information with other Associated agencies (such as JCS) for the benefit of this loan application.

Did the applicant agree? Y / N

Date: _____ Application #: _____



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19) Loan Motion:

Date: _____ **Application #:** _____

Name of applicant(s): _____

Amount of loan: \$ _____ Payment per month/week \$ _____

First payment due date: _____ Duration of Loan: _____

Number of comakers **with** property: _____

Number of comakers **without** property: _____

Special conditions:

Board members signatures of approval:

Please Confirm: Is every field in this section filled out? Y / N

Signature of HFLA interviewers:

20) Account Number: _____ Check number: _____ Note given to applicant?: Y / N

Date: _____ Application #: _____