

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

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

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

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) _____

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.

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.