

**HEBREW FREE LOAN
ASSOCIATION OF GREATER SPRINGFIELD
1160 Dickinson Street, Springfield, MA 01108
(413) 372-9756**

LOAN APPLICATION

HFLA Board to complete:	
Amt. Requested \$	_____
Date	_____
Interviewers	_____
Amt. Approved	_____
Loan #	_____
\$/Month	_____
Beg. Payment Date	_____
Ending Payment Date	_____

PERSONAL INFORMATION

Full Name (please print) _____ Home Telephone _____

Home Address _____ City _____ Zip _____

Own _____ Rent _____ How Long? _____ Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Are you a U.S. Citizen? Yes _____ No _____ Cell phone _____ E-mail _____

Name of Current Employer _____ Date of hire _____ Telephone No. _____

Previous Employer _____ Dates of Previous Employment _____

Marital Statue: Single _____ Married _____ Partnered _____ Divorced _____ Separated _____ Widow(er) _____

Spouse's Name (if applicable) _____

Spouse's Occupation _____ Name of Employer _____ Date of hire _____

Dependents:	<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Name</i>	<i>Relationship</i>	<i>Age</i>
1.	_____	_____	_____	3.	_____	_____
2.	_____	_____	_____	4.	_____	_____

Have you or your spouse ever received a HFLA loan? No _____ Yes _____ When? _____

Have you or your spouse ever co-signed a HFLA loan? No _____ Yes _____ When? _____

Name of relative in area (other than spouse) _____ Relationship _____

Relative's address _____ Telephone _____

LOAN INFORMATION

Amount of Request: \$ _____ How will the HFLA loan be used? Please provide details below. (Attach separate page if necessary)

AUTHORIZATION

All information on this financial statement to the Hebrew Free Loan Association of Greater Springfield (HFLA) is true and correct to the best of my knowledge, and no material information has been omitted. I hereby authorize HFLA to check my credit and employment listings and to make all other inquiries that HFLA deems necessary to verify the accuracy of the statements made on this form and to determine my creditworthiness.

Signature of Applicant

Date

Signature of Spouse if co-applicant

_____ over.....

FINANCIAL INFORMATION

ASSETS:

Applicant's Gross Annual Income from Occupation \$ _____
Other Income (Explain i.e., Alimony/child support, etc.) \$ _____
Other continued... \$ _____

Banks where checking and savings accounts are held

Amount

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Securities (i.e., stocks, bonds, CD's, Mutual Funds) _____

Residence \$ _____

Automobile(s) (Make, year.) 1. _____ 2. _____ Values: \$ _____

Personal Property (Please explain) \$ _____

Other Assets (Please itemize) \$ _____

Total Annual Income/Assets \$ _____

LIABILITIES

	<u>Monthly</u>	<u>Annual</u>
Mortgage/Rental Payments	\$ _____	\$ _____
Insurance (Homeowners, Auto, Life, Health, etc.)	\$ _____	\$ _____
Tuition (Explain)	\$ _____	\$ _____
Alimony, Child Support Payments	\$ _____	\$ _____
Medical (Explain)	\$ _____	\$ _____
Utilities (Heat, Gas, Electricity, Telephone, Cable)	\$ _____	\$ _____
Other Household Expenses (Food, Clothing)	\$ _____	\$ _____
Auto Payments (Loans)	\$ _____	\$ _____
Personal Expenses (Leisure, Recreation, Entertainment, etc.)	\$ _____	\$ _____
Amount Owed on Credit Cards: List: 1	\$ _____	\$ _____
2	\$ _____	\$ _____
3	\$ _____	\$ _____
Total Payments for Other Debts Owed (Explain)	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

Difference between Income & Expenses: + or - \$ _____