

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

COSIGNER INFORMATION FORM

Thank you for your interest in becoming an HFLA cosigner. The Promissory Note states that in the event of a default, cosigners are liable for the loan "jointly and severally." All co-signers on the Note share equally in the responsibility of repaying the loan. *However, each cosigner is liable for the full amount and, as such, you could be called upon to repay the total balance due.*

You or your spouse may not apply for a HFLA loan until the loan on which you have cosigned has been paid in full. Please provide details requested below. HFLA understands that all information received is strictly confidential.

COSIGNER PERSONAL INFORMATION

Full Name (please print) _____ Cell phone (____) _____

Home Address _____ City _____ State _____ Zip _____

Own _____ Rent _____ How long? _____ Social Security Number (last 4 digits only) _____

Home phone _____ E-mail _____

Marital Status (Check one): Single ___ Married ___ Divorced ___ Separated ___ Widow(er) ___

Name of Spouse: _____

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

Have you or your spouse ever cosigned a HFLA loan? No ___ Yes ___ For Whom? _____

Borrower's name for whom you are cosigning: _____

Your relationship to borrower _____

COSIGNER EMPLOYMENT INFORMATION

Occupation _____ Employer: _____

Business Address _____ City _____ Zip _____

Business Telephone (_____) _____ Extension _____ Years employed here? _____

COSIGNER FINANCIAL INFORMATION

Annual Income (Check one): Under \$20,000 ___ \$20,000 - \$49,999 ___ \$50,000-\$100,000 ___ Over \$100,000 ___

<u>ASSETS</u>	Amount	<u>LIABILITIES</u>	Amount Owed
Cash in Checking Account	\$	Mortgage	\$
Cash in Savings Accounts	\$	Car Loan(s)	\$
Securities (stocks, bonds, mutual funds, etc.)	\$	Total Credit Card Balance	\$
Residence	\$	Other Loans/liabilities (please itemize):	
Automobile	\$	1.	
Personal Property	\$	2.	
Other Assets (Please itemize):		3.	
1.		4.	
2.		5.	
3.		6.	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

AUTHORIZATION

All information on this financial statement to the Hebrew Free Loan Association of Greater Springfield, Inc. (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 information and to make all other inquiries that HFLA deems necessary to verify the accuracy of the statement made on this form and to determine my creditworthiness.

Signature

Date