

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

LOAN APPLICATION

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

PERSONAL INFORMATION

Full Name (please print) _____ Cell phone _____

Home Address _____ City _____ Zip _____

Own _____ Rent _____ How Long? _____ Social Security Number (last 4 digits only) _____ Date of Birth ____/____/____

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

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

Previous Employer _____ Dates of Previous Employment _____

Marital Status: Single _____ Married _____ 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 _____

How did you learn about the HFLA? _____

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

Date

FINANCIAL INFORMATION

ASSETS

Banks where checking and savings accounts are held

Amount

1. _____ \$ _____

2. _____ \$ _____

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

Residence _____ \$ _____

Automobile(s) (make, year) _____ \$ _____

Personal Property (Please explain) _____ \$ _____

Other Assets (Please itemize) _____ : \$ _____

Total Assets \$ _____

INCOME

Applicant's Gross Annual Income from Occupation _____ \$ _____

Other Income (Explain i.e., Alimony/child support, etc.) _____ \$ _____

Other continued _____ \$ _____

Total Annual Income \$ _____

EXPENSES

	<u>Monthly</u>	<u>Annual</u>
Mortgage/Rental Payments	\$ _____	\$ _____

Insurance (Homeowners, Auto, Life, Health, etc.)	\$ _____	\$ _____
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Tuition (Explain)	\$ _____	\$ _____
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Alimony, Child Support Payments	\$ _____	\$ _____
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Medical (Explain)	\$ _____	\$ _____
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Utilities (Heat, Gas, Electricity, Telephone, Cable)	\$ _____	\$ _____
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Other Household Expenses (Auto Payments, Loans, Food, Clothing...)	\$ _____	\$ _____
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Personal Expenses (Leisure, Recreation, Entertainment, etc.)	\$ _____	\$ _____
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Amount Owed on Credit Cards: List:	\$ _____	\$ _____
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Total Payments for Other Debts Owed (Explain)	\$ _____	\$ _____
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Total Expenses \$ _____

Total Annual Income minus Total Annual Expenses: \$ _____

NOTE: Please use additional page if needed