



HFLAWA.ORG

P.O. Box 141, Mercer Island, WA 98040

(206) 397-0005 office@hflawa.org

## HFLA Mini Loan Application

*If you have any questions about the application, don't hesitate to call or email the office. Contact information is above*

### Applicant Information

Name:	Date:
Purpose of the loan:	Requested loan amount: (\$750 maximum)
Driver's License Number:	Birth date:
Email	Cell Phone:
Mailing Address <i>(must be a physical address, not a P.O. Box):</i>	Other Phone:
How long at your current address:	If less than one year, please explain:
Do you OWN: Yes                      No	If Rent, list landlord name and contact info:
Marital Status: Married              Widowed              Single	Are you or your partner Jewish:
Do you have children:	Children's ages:
Have you had an HFLA loan before:	Are you currently a Guarantor on an HFLA loan:
If you are a current Guarantor, what is the name of the borrower?	

## Employment

What is your occupation:	Are you currently employed: Yes                  No
Name of employer:	Employer phone:
If unemployed, for how many long?	Start date with employer:
If unemployed, are you: (retired, between jobs, disabled)  Retired  Between jobs  Disabled	If unemployed, are you receiving:  Unemployment Insurance  Disability Insurance  Social security  Other  Explain other

## Income

Monthly Income	Amounts	Annual Income	Amounts
What is your monthly Income:		Annual Salary:	
Do you have other monthly sources of income? List each source of income and the amount of the monthly income:		Annual Total Other Income	
Total Monthly Income:		Total Annual Income:	

**Expenses & Debts** *(list your current expenses and Total Debt)*

Monthly Expenses	Amounts	Total Debt	Amounts
What's your monthly rent or mortgage payment?		Balance due on mortgage:	
What's your monthly payment on student loans?		Total student Loan debt:	
What's your monthly payment on credit cards?		Total credit card debt:	
What's your monthly payment on car loan(s)?		Total balance on car loan(s):	
Other monthly payments: List each. <i>(Put total in field to the right)</i>		Other:	
Total Monthly Expenses:		Total Debt:	

**Spouse/Partner Information**

Name:	Date:
Driver's License Number:	Birth date:
Email	Cell Phone:
Total Monthly Expenses <i>(if different than applicant)</i>	Total Debt: <i>(if different than applicant)</i>

## QUESTIONS

How did you hear about HFLA:	Provide a reference in the Jewish community:
What is your relationship to your Reference?	Reference's phone number:
How long have you known the Reference? (Yrs, Months)	Reference's email:
Do you belong to a synagogue or other Jewish organization?	Jewish organization name(s):

**To the best of my knowledge the information I (we) have provided is truthful and accurate.** HFLA of Washington State is authorized to make inquiries and gather information that it believes is necessary to confirm the above information.

**Each party agrees** that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

If you are married, it is required that your spouse or partner also signed the application.

Applicant Signature:	Date:
Spouse or Partner Signature:	Date: