



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

(206) 397-0005

[office@hflawa.org](mailto:office@hflawa.org)

[hflawa.org](http://hflawa.org)

### HFLA Guarantor Information

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

#### Guarantor Information

Name:	Date:
Driver's License Number:	Birth date:
Email:	Cell Phone:
Marital Status: (if you are married, your spouse must sign the guarantee)	Are you or your partner Jewish:
Current Address (must be a physical address, not a P.O. Box):	Other phone:
How long have you lived at your current address	Do you own or rent:
Name of applicant:	How long have you known the applicant:
Are you related to the applicant:	What is your relationship to the applicant:

#### Employment

What is your occupation:	Are you currently employed:
Name of employer:	Employer phone
Employer address:	How long have you been with your current employer:
Start date with employer:	If you're not employed, please explain:

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## Income

Monthly Income	Annual Income
Please list your total monthly salary:	Total Annual Salary:
If you have other sources of income, please list them:	Total Annual Other income:
	Total Income (salary + other):

## Expenses & Debts

Monthly Expenses	Amount	Debt	Amounts
Do you have a mortgage:		Balance owed on home mortgage:	
Do you have student loans:		Balance owed on student loans:	
Do you have credit card debt:		Total credit card debt:	
Do you have a car loan:		Balance due on car loan:	
List your other monthly payments		Total owed on other debt instruments:	
Please identify your total monthly debt expense:		Please identify your total debt owed:	
Would you like to add anything:			

## Spouse / Partner Information

Name:	Date:
Driver's License Number:	Birth date:
Your occupation:	Your employer:
If you're not currently employed, what's your status:	How long have you been with the employer:
Address (if different from partner):	Cell Phone:
Total Monthly Expenses: <i>(if different than partner)</i>	Total Debt: <i>(if different than partner)</i>

## Questions

If you're Jewish, what synagogue or Jewish organization are you affiliated with:	Have either of you received a HFLA loan before:
If you received a HFLA loan before, what was it for:	Have you guaranteed a HFLA loan for another applicant:
If you've guaranteed a loan before, what is the name of the applicant:	Anything you would like us to know:

I am (We are) guaranteeing this HFLA loan of up to \$

For the applicant:

I (we) will be responsible for paying off the balance of the loan if the borrower does not make payments as required. I (we) hereby certify that the above statements are true, correct and complete and authorize the HFLA to make inquiries and gather information that it feels necessary concerning the above statements. I (We) agree to notify HFLA within 30 days of a change of address or phone.

Signature of Guarantor	Date:
Signature of Guarantor Spouse (Partner):	Date: