

HEBREW FREE LOAN ASSOCIATION
P.O. Box 141, Mercer Island, WA 98040
office@hflawa.org or 206-397-0005
www.hflawa.org

GUARANTOR (COSIGNER) INFORMATION FORM

(Please print or type your information in ink only.)

Please provide all the information required below. All information will be used and held in a confidential manner. All potential Guarantors will be called to verify the information they provided, and to sign the GUARANTY FORM. All Guarantors on the GUARANTY FORM are jointly and individually legally liable to repay the total balance due in case of the borrower's default.

GUARANTOR INFORMATION	
Name:	Social Security No:
Birth date:	Cell number: Home number: Work number:
Email:	Are you married or in a domestic partner relationship? Yes [] No []
Current street address: Current City, State, Zip:	For how long have you lived at your current address? ___ years ___ months. If less than one year, please discuss.
Do you OWN [] or RENT []? Current share of monthly mortgage or rental payment:	Other current share of monthly payments:
Occupation/Job title:	Present monthly earnings: \$ _____ Other monthly income: \$ _____
Employer name:	Employer contact information:
Date of employment:	NAME OF BANK: CHECKING[] SAVING[]
NUMBER OF DEPENDENTS INCLUDING SPOUSE OR PARTNER: _	

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GUARANTOR'S (COSIGNER'S) SPOUSE OR PARTNER INFORMATION	
Name:	Social Security No:
Birth date:	Cell number: Home number: Work number:
Email:	Current street address: Current City, State, Zip:
Do you OWN [] or RENT []? Current share of monthly mortgage or rental payment:	For how long have you lived at your current address? ___ years ___ months. If less than one year, please discuss.
Occupation/Job title:	Present monthly earnings: \$ _____ Other monthly income: \$ _____
Employer name:	Employer contact information:
Date of employment:	NAME OF BANK: CHECKING[] SAVING[]
NUMBER OF ANY OTHER DEPENDENTS:	

Have you or your spouse/partner ever received a loan from HFLA? Yes[] No[] If yes, when? _____

Have you or your spouse/partner ever co-signed a HFLA loan? Yes[] No[]

If yes, for whom? _____ What was the year the loan was Guaranteed? _____

I am (We are) guaranteeing this HFLA loan of up to \$ _____ for (applicant name) _____ and understand that 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 the HFLA within 30 days of a change of address.

Signature of Guarantor:

Signature of Guarantor's Spouse or Partner:

Date:

Date: