



HFLA

Hebrew Free Loan Association
of Washington State
Interest free lending with dignity.

HFLAWA.ORG

P.O. Box 141, Mercer Island, WA 98040
office@hflawa.org

(206) 397-0005

Loan Application

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

APPLICANT INFORMATION

Requested loan amount: (\$5,000 maximum)	Date:
Name:	Social Security No:
Cell Phone: Home: Work:	Birth date:
Email:	Are you married or in a domestic partnership:
Current Address (must be a physical address, not a P.O. Box):	Are you or your partner Jewish:
How long at your current address: If less than one year, please explain:	Do you OWN [] or RENT []
Monthly on Rent or Mortgage Payment:	Your Occupation:
Are you Employed: YES [] NO [] Self-employed: YES [] NO [] Employer: Employer Address:	Monthly Salary or Self-employment: Other income:
Start Date of Employment: Length of Employment:	If unemployed, for how long:
How much total debt do you owe? Monthly debt payments? Please explain. (credit card, student loan, etc...)	

SPOUSE/PARTNER INFORMATION

Spouse or Partner Name:	Social Security No:
Cell Phone: Home: Work:	Birth date:
Email:	Your Occupation:
Current Address (must be a physical address, not a P.O. Box):	Monthly on Rent or Mortgage Payment:
How long at your current address: If less than one year, please explain:	Monthly Salary or Self-employment:
Are you Employed: YES [] NO [] Self-employed: YES [] NO [] Employer: Employer Address:	Amount of Other income?
Start Date of Employment: Length of Employment:	If unemployed, for how long:
How much total debt do you owe, if different from the Applicant? Total monthly debt payments? Please explain. (credit card, student loan, etc...)	

QUESTIONS

How did you hear about HFLA:	Provide the name of a reference in the Jewish community:
Purpose of the Loan:	Reference's phone number:
Do you belong to a synagogue or other Jewish organization? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Organization Name(s):	What is your relationship to your Reference? How long have you known the Reference? (Yrs, Months)
Have you applied or received a HFLA loan before? Yes [<input type="checkbox"/>] If Yes, how many times before [<input type="checkbox"/>] If received a HFLA loan, provide start and pay-off dates? Loan 1: Loan 2: No [<input type="checkbox"/>]	Have you co-signed for a HFLA loan? Yes [<input type="checkbox"/>] For Whom: If yes, Date? No [<input type="checkbox"/>]
Have you sought funds from other organizations or sources: Org. name _____ Date _____ Amount requested \$ _____ Outcome _____ Org. name _____ Date _____ Amount requested \$ _____ Outcome _____	
What's the best way to contact you?	What's the best way to contact your partner?

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.

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