



HFLAWA.ORG

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

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HFLA Borrower's Loan Application

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

Applicant Information

Name:	Date:
Purpose of the loan:	Requested loan amount: (\$5,000 maximum)
Driver's License Number:	Birth date:
Email	Cell Phone:
Current 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: <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	
Marital Status: <div style="display: flex; justify-content: space-around; width: 100%;"> Married Widowed Single </div>	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 Disabled Between jobs	If unemployed, are you receiving: Unemployment Insurance Disability Social security

Income

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:
Monthly Combined Income: (Add Salary & Total other Income)	Annual Total Income

Expenses & Debts *(list your current debts and expenses below)*

Monthly Expenses	Amounts	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 cars?		Total balance on car loan:	
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:
Current Address: <i>(if different than applicant)</i> (must be a physical address, not a P.O. Box):	Other 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.

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

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