

**HEBREW FREE LOAN  
ASSOCIATION OF GREATER SPRINGFIELD  
1160 Dickinson Street, Springfield, MA 01108  
(413) 736-6573**

**LOAN APPLICATION**

<b>HFLA Board to complete:</b>	
Amt. Requested \$	_____
Date	_____
Interviewers	_____
Amt. Approved	_____
Loan #	_____
\$/Month	_____
Beg. Payment Date	_____
Ending Payment Date	_____

**PERSONAL INFORMATION**

Full Name (please print) \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ How Long? \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Current Employer \_\_\_\_\_ Date of hire \_\_\_\_\_ Telephone No. \_\_\_\_\_

Previous Employer \_\_\_\_\_ Dates of Previous Employment \_\_\_\_\_

Marital Statue: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_ Date of hire \_\_\_\_\_

Dependents:	<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Name</i>	<i>Relationship</i>	<i>Age</i>
1.	_____	_____	_____	3.	_____	_____
2.	_____	_____	_____	4.	_____	_____

Have you or your spouse ever received a HFLA loan? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

Have you or your spouse ever co-signed a HFLA loan? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

Name of relative in area (other than spouse) \_\_\_\_\_ Relationship \_\_\_\_\_

Relative's address \_\_\_\_\_ Telephone \_\_\_\_\_

**LOAN INFORMATION**

Amount of Request: \$ \_\_\_\_\_ How will the HFLA loan be used? Please provide details below. (Attach separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

All information on this financial statement to the Hebrew Free Loan Association of Greater Springfield (HFLA) is true and correct to the best of my knowledge, and no material information has been omitted. I hereby authorize HFLA to check my credit and employment listings and to make all other inquiries that HFLA deems necessary to verify the accuracy of the statements made on this form and to determine my creditworthiness.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse if co-applicant

\_\_\_\_\_ over.....

# FINANCIAL INFORMATION

## ASSETS:

Applicant's Gross Annual Income from Occupation \$ \_\_\_\_\_  
Other Income (Explain i.e., Alimony/child support, etc.) \$ \_\_\_\_\_  
Other continued... \$ \_\_\_\_\_

### Banks where checking and savings accounts are held

Amount

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

Securities (i.e., stocks, bonds, CD's, Mutual Funds) \_\_\_\_\_

Residence \$ \_\_\_\_\_

Automobile(s) (Make, year.) 1. \_\_\_\_\_ 2. \_\_\_\_\_ Values: \$ \_\_\_\_\_

Personal Property (Please explain) \$ \_\_\_\_\_

Other Assets (Please itemize) \$ \_\_\_\_\_

Total Annual Income/Assets \$ \_\_\_\_\_

## LIABILITIES

	<u>Monthly</u>	<u>Annual</u>
Mortgage/Rental Payments	\$ _____	\$ _____
Insurance (Homeowners, Auto, Life, Health, etc.)	\$ _____	\$ _____
Tuition (Explain)	\$ _____	\$ _____
Alimony, Child Support Payments	\$ _____	\$ _____
Medical (Explain)	\$ _____	\$ _____
Utilities (Heat, Gas, Electricity, Telephone, Cable)	\$ _____	\$ _____
Other Household Expenses (Food, Clothing)	\$ _____	\$ _____
Auto Payments (Loans)	\$ _____	\$ _____
Personal Expenses (Leisure, Recreation, Entertainment, etc.)	\$ _____	\$ _____
Amount Owed on Credit Cards: List: 1	\$ _____	\$ _____
2	\$ _____	\$ _____
3	\$ _____	\$ _____
Total Payments for Other Debts Owed (Explain)	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____

**Difference between Income & Expenses:** + or - \$ \_\_\_\_\_