



23300 Chagrin Blvd., Suite 204
Beachwood, OH 44122
Tel: 216-378-9042, Fax: 216-378-9007
Email: hflaclev@sbcglobal.net
Website: www.hflaclev.org

Loans Made For Worthy Purposes Regardless of Race or Creed

Name of Loan Applicant: _____

The Hebrew Free Loan Association is considering a loan application for the above applicant for an interest free loan on which you will be a co-signer on the promissory note. If the loan is approved, it will be conditioned on your responsibility to repay any part of the debt not paid by the borrower in the event the borrower defaults.

Please sign and return a copy of this letter to evidence your understanding of your responsibility for this obligation .

The Hebrew Free Loan Association

Approved by co-signer(s):

HEBREW FREE LOAN ASSOCIATION OF CLEVELAND

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Applicant's Name: _____
Loan Amount: _____
Purpose of Loan: _____

CO-SIGNER/GUARANTOR FORM

Last Name	First Name	M.I.	Social Security No.	Birthdate
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Current Address	City	State	Zip
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How many years at current address: _____

Previous Address	City	State	Zip
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How many years at previous address: _____

Home Phone	Cell phone	email	work phone
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Employer	Employer's Address	Telephone
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Occupation: _____ How long in current employment: _____

Monthly Take home pay: _____

Previous Employer	Address	Telephone	Employed how long:
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Co-Signer's additional income: (rentals, spouse, investments, etc)	Source of Income	Amount
_____	_____	_____

Residence: Own/Rent (please circle one)	_____	_____
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Monthly payments:	_____	_____
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Date Purchased:	_____	_____
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Purchase Price:	_____	_____
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Original Mortgage:	_____	_____
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Balance due on Mortgage:	_____	_____
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Current Value on Real Estate:	_____	_____
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Please list any additional debts you may have that will not appear on your credit report:

Provide us a personal reference (Family or Friend): Name, Address, phone number

Please provide: current pay stub, proof of any additional income, last years 1040 or W2, and monthly expense form.

The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed. I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Signature of Co-Signer: _____