



**Newton and Rochelle Becker
Graduate Student Loan Guidelines**

- Loans are need based, not merit based.
- The maximum loan request is \$5,000 (a student may reapply as needed as long as his/her outstanding loan balance does not exceed \$5,000)
- One cosigner living in Northeastern Ohio is required for each \$2,500 borrowed.
- Loans are for full-time and part-time graduate students.
- The graduate student must submit the following information for a complete application package
 - Completed application forms
 - Letter of acceptance from the college
 - Financial Award letter
 - SARS/FAFSA report
 - List of school expenses
 - Proof of Current Income
 - Income Tax Return (1040 or W2)
 - Completed Monthly Budget Form
 - Completed Co-Signer forms and proof of income
- Once a completed application is received an interview for the applicant will be scheduled with the loan committee.
- Requests are reviewed monthly.
- While enrolled in school, the repayment will be \$100 per month for part-time students and \$75 per month for full-time students. Once this status changes, the loan balance converts to regular loan terms and those repayment terms apply.
- The student is required to submit proof of status twice a year.
- All loans are made payable to the student.

(Additional co-signers may be requested at the discretion of the board.)

If you have any questions or would like additional information, please contact HFLA offices at 216-378-9042

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THE HEBREW FREE LOAN ASSOCIATION OF CLEVELAND LOAN APPLICATION

THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY APPLICANTS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.

DATE OF APPLICATION: _____

Amount of Loan: _____ Date of Birth _____

Loan Purpose: _____ Driver's License no. _____

Social Security No. _____

Last Name First Name M.I. Birth name /AKA/Previous name

Address how many years

City State Zip

Previous Address how many years

City State Zip

Home Telephone Cell Phone email

Marital Status Single Married Divorced Separated Widowed

Number of Persons in Household: _____

Monthly Household Income: _____

Number of Dependents & ages: _____ Net _____ Gross _____

Others providing income: _____

Income Sources: _____ Name & amount _____

(Please list all Assets; Stocks, Bonds, Rental property, Bank Acc'ts, CD's, etc)

Notice to Applicant: Your income from alimony, child support, or separate maintenance need not be revealed if you do not choose to have it considered in the basis for credit.

Occupation: _____

Employer Employer Phone Number Employed since

Previous Employer Employer Phone Number Employed since

Referred By: _____

PLEASE COMPLETE BOTH SIDES

SPOUSE/CO-HABITANT/PARTNER

Spouse/Co-Habitant/Partner's Name

Spouse/Co-Habitant/Partner's Date of Birth

Spouse/Co-Habitant/Partner's Social Security no.

Spouse/Co-Habitant/Partner's Occupation

Spouse/Co-Habitant/Partner's Employer

HOUSING

Own

Monthly payment: _____

Rent

If Owned: Purchase Price: _____

Purchase Date: _____

Current Value: _____

Original Mortgage: _____

Equity in home: _____

OTHER DEBTS

(Please include: equity loans, personal loans, second mortgages, car loans, student loans, medical, etc...)

AUTOMOBILE

Make: _____

Own

Model: _____

Lease

Year: _____

Purchase Price: _____

Monthly Payment: _____

Have you ever received a loan from HFLA? Yes No

If yes, please provide: amount, year, purpose, and loan number of previous loan: _____

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 of 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 the Applicant

DATE

Signature of the Applicant's Spouse

DATE

For Office Use:

Date recorded: _____

Method Recorded: _____

Loan Committee date: _____

Loan Committee recommendations: _____

Graduate Student Loan Applicant Information Sheet

BORROWER'S NAME:

DATE OF BIRTH:

SCHOOL ATTENDING:

YEAR:

GPA:

CURRENT ADDRESS:

EMPLOYMENT INFORMATION:

PROGRAM COST : Tuition: _____
 Books: _____
 Cost of living _____
 Addl Fees _____

FINANCIAL AID RECEIVED (Please list all grants, scholarships and loans – Please include your financial aid award letter from the school:

EXPECTED PERSONAL CONTRIBUTION:

TOTAL DEBTS (remaining balance):

Additional information you feel we should know:

AMOUNT OF REQUEST:
PREVIOUS HFLA LOANS:

Hebrew Free Loan Association Monthly Budget Form

Applicant's name _____ Date/___/___/

Please include all expenses you have, including credit card payments and/or personal loans.

ITEM	EXPENSE DESCRIPTION	AMOUNT	Note or explanation if needed
1	Groceries & Household Supplies		
2	Medical & Health Insurance		
3	Homeowners Insurance		
4	Automotive Insurance		
5	Life Insurance		
6	Disability Insurance		
7	Automobile Gas		
8	Automobile Repairs		
9	City Taxes		
10	Closing		
11	Child Care		
12	Children's Activities & Allowances		
13	Children's bus fare, school supplies, or lunches		
14	School Tuition		
15	Bus Fare		
16	Adult Spending Money (Lunches, etc.)		
17	Dry-cleaning % Laundry		
18	Dentist & Doctor		
19	Prescription & Medications		
20	Drug Store Items (Including cigarettes)		
21	Hair Care		
22	Gifts		
23	Recreations		
24	Newspapers & Magazines		
25	Contributions (religious or other)		
26	Home Heating Gas		
27	Electricity		
28	Phone Service		
29	Real Estate Taxes		
30	Water		
31	Sewage		
32	Mortgage/Rent		
33	Car Loans		
34	School Loans		
35	Cable TV Service		
36	Other		
37	Other		
38	Other		
	Total Expenses per Month		