



HEBREW FREE LOAN ASSOCIATION

CLEVELAND

STNA COURSE LOANS

- Loans are need based, not merit based.
- The student must be in the process of enrolling in the STNA course.
- One co-signer who lives in the Cleveland area is required.
- Requests are reviewed by the Loan Committee monthly.
- The Following materials must be provided in order for an application to be considered complete:
 - Completed application form
 - Proof of current income
 - Prior year's tax return (1040 or W2)
 - Completed monthly budget form
 - Letter of explanation for loan request
 - Complete co-signer application forms and information
- The student must submit course expenses and any additional financial aid or funding expected with his/her completed application.
- Approved loans need to be repaid starting one month after the loan is granted in 12 equal monthly payments.
- All loan checks will be paid directly to the SSTNA course upon enrollment.
- Additional co-signers may be requested at the discretion of the board.
- Names of loan recipients for the American Red Cross STNA course will be shared with the administration of the American Red Cross.

If you have any questions or would like additional information, please contact the HFLA office at 216/378-9042.

23300 Chagrin Boulevard Suite 204, Beachwood, Ohio 44122

Tel: 216-378-9042 Fax: 216-378-9007

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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: _____

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		