DALLAS HEBREW FREE LOAN ASSOCIATION
P.O. Box 671235 Dallas, Texas 75367-1235
(214) 696-8008 *Established 1935* (214) 696-6554 fax
www.dhfla.org

COSIGNER APPLICATION & INFORMATION RELEASE AUTHORIZATION

I, the undersigned, have agreed to be a cosigner in conjunction with a proposed loan by the Dallas Hebrew Free Loan Association to _____, Borrower. I hereby authorize the Dallas Hebrew Free Loan Association and its agents to investigate any references, statements or other data obtained from me or from any other person pertaining to my credit and financial responsibilities. A true and correct copy of this authorization shall be sufficient authorization to any person, company or organization to furnish any information requested.

_____
Cosigner Name (Print)

(- -)
_____
Signature of Cosigner Date Social Security Number

CO-SIGNER INFORMATION (to be completed by co-signer)

PRINT NAME (First)	(Middle)	(Last)	Age	Birth Date	Driver's License #

Address: (No. & Street)	(City)	(Zip Code)	Cell Phone	How long at current address?

Home email address:

Co-Signer's Employer	Employer's Address	Employer's Phone

Occupation and Job Title:	Business Email Address:

FORM R1-02