

**DALLAS HEBREW FREE LOAN ASSOCIATION**

**JEWISH DAY SCHOOL/DAYCARE**

PARENT IS THE APPLICANT, PLEASE READ BEFORE FILLING IN THIS FORM:

This application will not be considered complete unless accompanied by DOCUMENTATION OF ENROLLMENT IN A JEWISH DAY SCHOOL/DAYCARE. You must also give your consent (signature at bottom of this page) for a credit report to be obtained.

Date: \_\_\_\_\_ Are you of the Jewish Faith?  Yes  No  
 \_\_\_\_\_ Have you ever applied for a loan from the DHFLA?  Yes  No When? \_\_\_\_\_  
 \_\_\_\_\_ Have you ever received a loan from the DHFLA?  Yes  No When? \_\_\_\_\_

How did you hear about the Dallas Hebrew Free Loan Association. \_\_\_\_\_

PRINT NAME (First) (Middle) (Last) Age Birth Date Soc Security No. Driver's License #

Address (City) (Zip Code) Home Phone Cell phone

Name of School Attending Grade Level

Program Start Date Expected date of Graduation/Program Completion

**Financial Aid:** \$ Grants/Source \$Loans /source #Children in Jewish Dayschool/Daycare

\$ Net Family income (annual) Parent's Employer Parent's Employer's Phone

Parent's personal email Parent's business email

**Extenuating/or Unique Circumstances (Financial & nonfinancial)**

**Activity in Jewish Community (please describe):**

**Awards, other service activities, anything else you would like us to know:**

The above information is for the purpose of obtaining credit, and is warranted to be true and correct. I hereby authorize the Dallas Hebrew Free Loan Association and its agents to investigate the references herein listed, statements, other data obtained from me or 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.

I furthermore agree to give the DHFLA written notice immediately upon change of name, address, employment or any other pertinent information.

Signature of Applicant (and Co-applicant Spouse if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Social security number of co-applicant Spouse (if applicable) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CO-SIGNER CONTACT INFORMATION**

CO-SIGNER NO. 1

PRINT NAME (First) (Middle) (Last)

Address: (No. &amp; Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

**CO-SIGNER CONTACT INFORMATION**

CO-SIGNER NO. 2

PRINT NAME (First) (Middle) (Last)

Address: (No. &amp; Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

**CO-SIGNER CONTACT INFORMATION**

CO-SIGNER NO. 3

PRINT NAME (First) (Middle) (Last)

Address: (No. &amp; Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

**OFFICE COMPLETE**Enrollment verified  YES  NO Cosigner Release Signed  1  2  3

Cosigners contacted? Date By

**LOAN COMMITTEE COMPLETE**

Amount of Loan Requested Amount of Monthly Repayment Date Repayment Commencing

\$ \$

COMMITTEE COMMENTS:

LOAN APPROVED  YES  NO

REASON FOR REJECTION:

PROCESSED BY:

LOAN COMMITTEE APPROVAL BY:

DATE APPROVED:

CHECK AMOUNT

CHECK NO.