

**DALLAS HEBREW FREE LOAN ASSOCIATION**

**APPLICANT INFORMATION**

APPLICANT PLEASE READ BEFORE FILLING IN THIS FORM:

Please make every effort to give accurate information. Should it be determined that there has been a deliberate omission of pertinent information, or any willful misrepresentation on this form, you will not be granted this loan or any future loans from this organization.

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? \_\_\_\_\_  
 From whom 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: (No. & Street)	(City)	(Zip Code)	Phone No.	How long at current address? _____ years
-------------------------	--------	------------	-----------	---

In Dallas area since	Formerly from	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Migrated from	In U.S. since _____ years
----------------------	---------------	--	---------------	------------------------------

Landlord/Mortgage Holder (indicate which) Address and Phone No.	Rent/Mortgage Payment \$ _____
---	-----------------------------------

Previous Address	How long at previous address? _____ years
------------------	--

Applicant's Employer	Employer's Address	Employer's Phone
----------------------	--------------------	------------------

Occupation and Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Take Home Pay \$	<input type="checkbox"/> Per week <input type="checkbox"/> Per month	How long employed? _____ Years	Source of other income; child support, alimony, etc.
------------------	---	-----------------------------------	--

Previous Employer	How long employed? _____ years
-------------------	-----------------------------------

Applicant's Marital Status (check one):  Single  Married  Divorced  Separated  Widowed

Spouse/Co-Applicant's Name	Age	Birth Date	Soc. Security No.	Driver's License #
----------------------------	-----	------------	-------------------	--------------------

Spouse/Co-Applicant's Employer	Employer's Address	Employer's Phone
--------------------------------	--------------------	------------------

Take Home Pay \$	<input type="checkbox"/> Per week <input type="checkbox"/> Per month	How long employed? _____ Years	Previous Employer
------------------	---	-----------------------------------	-------------------

Dependants	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

BANK	Checking Account No.	Account Balance
------	----------------------	-----------------

Name of Creditor	Account #	LIST OF DEBTS Loan Amount	Monthly Payment	Last Paid	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LOAN AMOUNT DESIRED	PURPOSE OF LOAN
---------------------	-----------------

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 or 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. Furthermore, I hereby give my consent to DHFLA to disclose my prior loan repayment history with the DHFLA, including any defaults in my prior repayment history, to the individuals I have requested to cosign my loan.

Signature of Applicant _____	Date _____	Signature of Spouse/Co-Applicant _____	Date _____
------------------------------	------------	--	------------

**APPLICANT: PLEASE FILL IN OTHER SIDE**

Have you executed a Will? **YES/NO** Do you have a durable power of attorney? **YES/NO** If Yes, list contact information:

Name	Address	City	Phone	Relationship
Name	Address	City	Phone	Relationship

<b>CO-SIGNER CONTACT INFORMATION</b>		CO-SIGNER NO. 1		
PRINT NAME (First)	(Middle)	(Last)		
Address: (No. & Street)	(City)	(Zip Code)	Home Phone No.	
Cell Phone No.	Home Email Address:			
Work Email Address				

<b>CO-SIGNER CONTACT INFORMATION</b>		CO-SIGNER NO. 2		
PRINT NAME (First)	(Middle)	(Last)		
Address: (No. & Street)	(City)	(Zip Code)	Home Phone No.	
Cell Phone No.	Home Email Address:			
Work Email Address				

<b>CO-SIGNER CONTACT INFORMATION</b>		CO-SIGNER NO. 3		
PRINT NAME (First)	(Middle)	(Last)		
Address: (No. & Street)	(City)	(Zip Code)	Home Phone No.	
Cell Phone No.	Home Email Address:			
Work Email Address				

**LOAN COMMITTEE COMPLETE**

Amount of Loan Requested	Amount of Monthly Repayment	Date Repayment Commencing
\$	\$	
Verification of Need Received	Did Co-Signers complete application	Did Co-Signers sign promissory note
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMITTEE COMMENTS:

LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR REJECTION:
PROCESSED BY:	LOAN COMMITTEE APPROVAL BY:
DATE APPROVED:	_____
CHECK AMOUNT	_____
CHECK NO.	_____