

PLEASE READ BEFORE COMPLETING THE APPLICATION: The information you provide in this application should be accurate. 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 a loan or any future loans from the Dallas Hebrew Free Loan Association (DHFLA).

PLEASE ANSWER:

Are you of the Jewish faith? Yes No
 Have you ever applied for a loan from DHFLA? Yes No When? _____
 Have you ever received a loan from DHFLA? Yes No When? _____
 Do you currently have an outstanding loan with another Free Loan agency? Yes No Which agency? _____
 If you have an outstanding loan with another Free Loan agency, do we have permission to contact them about your loan? Yes No
 How did you hear about DHFLA?

PLEASE PRINT

Applicant Information

Name:					Date:	
	First	M.I.	Last			

Age:	Birth Date:	Social Security No.	Driver's License (State & No.)
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Address:		
	Street Address	Apt. No.

How long at this address?				
	City	State	ZIP Code	

Length of time in North TX?	Cellphone:	Email:
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Rent or Own:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Landlord or Mortgage Holder Name:	Address:	Phone:	Monthly Rent/Mortgage Payment:
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Previous Address:	How long at this address?
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Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Formerly from?	In U.S. since	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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Employer:	Address:	Phone:
Job Title/Occupation:	Email:	How long employed?
Take home pay: \$ <input type="checkbox"/> Week <input type="checkbox"/> Month	Other income type and amount (child support, alimony, etc.):	

Previous employer:	How long employed?
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Dependents	Name	Age	Relationship
1.			
2.			
3.			
4.			

Financial Information

Bank Name:	Checking Acct. No.	Acct. Balance
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List of Debts					
Creditor	Account No.	Loan Amount	Monthly Payment	Last Paid	Balance

Spouse or Co-Applicant's Name:			
	First	M.I.	Last

Age:	Birth Date:	Social Security No.	Driver's License (State & No.)
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Spouse or Co-Applicant Employer:	Address:	Phone:
		How long employed?
Take home pay: \$ <input type="checkbox"/> Week <input type="checkbox"/> Month	Previous employer:	

DHFLA Loan Information	
Desired loan amount:	Loan purpose

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 (DHFLA) 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 or Co-Applicant	Date
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CIRCLE YOUR ANSWER. Have you executed a will? Yes No Do you have a durable power of attorney? Yes No If YES, list contact information.

Name:	Address	Phone	Relationship
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Name:	Address	Phone	Relationship
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Guarantor Contact Information

Please provide two guarantors for this loan.

Name:		Cellphone:	
Address:			
Email:		Home phone:	
Name:		Cellphone:	
Address:			
Email:		Home phone:	

DO NOT COMPLETE – FOR LOAN COMMITTEE

Loan amount:	Monthly payment:	Date repayment begins:
Required documents received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved:
Reason for denial:		
Interview conducted by:		
Comments:		