

DALLAS HEBREW FREE LOAN ASSOCIATION

Jewish Youth Applicant

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. Fax No. E-Mail Address

Name of Program Attending List Jewish Groups You participate in

Program Address (City) (State) (Zip Code)

Date Program Commences Marital Status: Single Married Divorced Separated Widowed

Present Employer (if Applicable) (Employer's Phone No.)

Address (No. & Street) (City) (State) (Zip Code)

Years of Employment Position Gross Income

If borrower under 18, parent must complete: (Parent's info below)

Name: (First) (MI) (Last) Age Birthdate

Address (No. & Street) (City) (Zip Code) Home Phone Work Phone

Social Security No. Driver's License No. Marital Status: Single Married Divorced/Separated Widowed

Present Employer (if Applicable) Years of Employment Position Gross income

The above information is for the purpose of obtaining credit, and is warranted to be true and correct. I hereby authorized 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. & 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. & 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. & Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

OFFICE COMPLETECosigner 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.