



**HEBREW FREE LOAN ASSOCIATION OF SAN ANTONIO**  
12500 NW Military Suite 200 | San Antonio, TX 78231 | 210.736.4352

*Interest-Free Loans . . . Because 'Life Happens!'*

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**SPECIAL SITUATION LOAN  
APPLICATION PACKAGE**

**BORROWER and COSIGNERS:**

**Before completing the attached HFLA-SA forms, please go through the following important steps:**

- (1) Read ENTIRE application package, paying particular attention to the information sheet, detailing Loan Terms and the Criteria and Responsibilities for each party.
- (2) Verify you meet all eligibility requirements.
- (3) Ensure you are aware of — and fully understand the obligations you will be assuming, fully agreeing to comply with all terms for this Interest-Free Loan.

\_\_\_\_\_

Type or NEATLY PRINT responses to ALL questions. Then, sign and date in each place requested. Prior to submission (ORIGINALS required), Applicant should verify everything has been properly completed and all requested documentation included. Missing information may delay processing.

\_\_\_\_\_

**PRIVACY / CONFIDENTIALITY:** HFLA-SA respects the privacy of Applicants/Borrowers and Cosigners. Any information supplied with this Application will be kept confidential and utilized for the purpose of processing and if approved, administering an Interest-Free Loan.

\_\_\_\_\_

Both Borrower AND Cosigners should retain copies of this entire application and all contractual documentation (including Terms and Agreements), as well as any subsequent correspondence.

\_\_\_\_\_

Please call HFLA-SA at 210.736.4352 with any questions, comments or concerns.

\_\_\_\_\_



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### **SPECIAL SITUATION LOAN APPLICATION BORROWER and COSIGNER: CRITERIA, TERMS and INSTRUCTIONS**

The Hebrew Free Loan Association of San Antonio (HFLA-SA) provides interest-free loans to local residents of the Jewish faith. We do not charge interest; however, as detailed below, the organization requires timely repayment of ALL borrowed funds. Each HFLA-SA Loan is secured by a Borrower's Promissory Note and further, by Cosigner Agreements from well-qualified individuals, with each party guaranteeing full repayment. Through this practice, we are able to safeguard and perpetuates funds, ensuring funds remain available for future borrowing opportunities.

HFLA-SA's Special Situation Loans are uniquely designed to accommodate circumstances in which either because of amount or terms, neither a General Purpose nor an Education Loan fit Applicant needs. In exchange for added flexibility, Applicant and Cosigners may face enhanced scrutiny. The Loan and Collections Committee will carefully evaluate the Applicant, borrowing purpose and creditworthiness of all Signers. In their review, further documentation may be required to support Applicant's need and each Party's ability to fulfill his/her obligation. The Committee's determination on whether or not to award a Loan and the required monthly payments rests solely at their discretion, with their decision final. In addition, should they feel it appropriate, funds may be disbursed directly to creditor(s), or the Borrower may be required to verify funds were utilized as stated.

By signing the Application, Applicant and Cosigners affirm eligibility and agree to comply with all stated terms and obligations:

#### **A. APPLICANT / BORROWER:**

1. Must be of the Jewish faith
2. Must be at least 21 years of age
3. Must be a resident of the San Antonio Service Area, having been so for at least six months
4. May not currently be serving as an HFLA-SA Board member
5. May not be a Signer on any other open HFLA-SA loan, except as the Parent Signer on an Education Loan
6. Must obtain required number of well-qualified Cosigners (depending on amount borrowed, this shall be at least two (2))

#### **B. COSIGNERS:**

1. At least one on each loan must be Jewish
2. Must be permanent residents of the state of Texas, having been so for more than six months
3. Cannot be married to Applicant or other Cosigner (Couples are one unit, with each assuming the other's obligations.)
4. Must be at least 21 years of age
5. Agree to be jointly, and severally liable for the entire loan balance
6. Cannot be in a position dependent on the community's goodwill (Rabbis, Cantors, etc.)

#### **C. DELINQUENCY / DEFAULT:**

1. Scheduled Loan installments are due in full – each and every month. If Borrower cannot make a required payment, he/she MUST notify HFLA-SA prior to date due. Any deviation from original terms must be pre-approved by HFLA-SA's Loan and Collections Committee. Failure to do so on a timely basis or making a partial payment without prior consent will cause account to be deemed delinquent.
2. A delinquent account may cause any or all of the following actions / consequences:
  - a. Collection efforts from Borrower and/or Cosigners
  - b. Placement of account with an attorney or collection agency, with any resulting charges increasing the total amount owed by all parties
  - c. Disqualification of Borrower and Cosigners from further HFLA-SA loans
  - d. Credit reporting, with potential adverse impact to the Borrower and Cosigners' financial records

#### **D. MISCELLANEOUS:**

1. To assist in assessing risk, HFLA-SA conducts a legal investigation on all Applicants and Cosigners (at no cost). All parties should also be prepared to submit a credit report or sign a release authorizing HFLA-SA to secure one. Based on credit references or prior history with HFLA-SA, the Loan and Collections Committee may waive the reporting requirement. Legal and financial information is utilized to ensure creditworthiness and mitigate undue exposure.
2. Any litigation resulting from or pertaining to an application or loan shall take place in Bexar County, Texas, with all legal and collection expenses, including court fees, added to the total liability and borne by the Applicant and Cosigners.

***BORROWER and COSIGNERS: Retain copies of loan documents, contracts & correspondence.***

Borrower: \_\_\_\_\_ Special Situation Loan #: \_\_\_\_\_ Date issued: \_\_\_\_\_



## HEBREW FREE LOAN ASSOCIATION OF SAN ANTONIO

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### APPLICANT INFORMATION *(Please type or print legibly)*

Requested Loan Amount \$ \_\_\_\_\_ .00

Name-First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Maiden/ Other \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status? Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widower/er \_\_\_ Partner \_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent \_\_\_ Own \_\_\_ How long? \_\_\_\_\_ If less than 2-yrs, previous address? \_\_\_\_\_

Occupation/Position \_\_\_\_\_ Boss/Supervisor \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If retired or unemployed, additional income source or unencumbered assets for consideration? \_\_\_\_\_

Close relative/friend (not a Cosigner), able to reach you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HFLA-SA was founded by the local Jewish community and in accordance with the organization's Constitution and Bylaws, lends money exclusively to members of our faith. To obtain an HFLA-SA loan, Applicants *must be Jewish*.

Are you Jewish\*? Yes \_\_\_ No \_\_\_ (\* Person local Rabbis consider Jewish, having been born and raised or converted to Judaism, without subsequent conversion to non-Jewish religion. Messianic/Jews for Jesus are NOT eligible.)

Have you or your spouse ever applied for/received a loan from HFLA-SA? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_

Have you or your spouse co-signed for an HFLA-SA loan? Yes \_\_\_ No \_\_\_ For whom? \_\_\_\_\_

### SPOUSE / PARTNER INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Maiden/ Other \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### ADDITIONAL INFORMATION

***PLEASE ATTACH COPIES OF THE FOLLOWING INFORMATION: (1) SOCIAL SECURITY CARD, (2) DRIVER'S LICENSE and (3) IF FIRST TIME BORROWER, CURRENT CREDIT REPORT (or release for us to obtain).***

Previous, current or pending litigation or anticipated changes in personal/professional status which might cause concern or affect ability to repay a loan? Yes \_\_\_ No \_\_\_ If so, you may explain on a separate sheet.

*- Continued on next page -*

**APPLICANT INFORMATION – cont.**

**CERTIFICATION OF COMPLETENESS AND ACCURACY, APPROVAL TO OBTAIN INFORMATION**

- I/we authorize the Hebrew Free Loan Association of San Antonio (HFLA-SA) to investigate my/our credit and personal history, including any applicable legal records.
- I/we authorize agencies and persons contacted in connection with this application (including credit reporting agencies, banks, creditors, etc.) to provide information about my/our credit and personal history to HFLA-SA.
- I/we certify all information contained in this loan application to be accurate and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BORROWER ACKNOWLEDGEMENT OF TERMS AND CONDITIONS**

I/we understand and agree with the following binding Terms and Conditions applicable to this Loan:

- There will be no interest or fees charged, except pass-through charges for expenses incurred as a result of my/our action or inaction (bank nsf fees, etc.).
- I/we will repay this loan in accordance with the amounts agreed upon and indicated on the signed Promissory Note.
- If I/we fail to make required payments, HFLA-SA may contact the Cosigners (each of whom is *individually responsible* for the *full amount* of the outstanding balance) to request payment on my/our behalf. If neither my Cosigners nor I/we repay this obligation, it is understood HFLA-SA will be forced to commence collection proceedings, with all additional expenses incurred added to the account balance and the total amount we are each responsible for paying.
- I/we promise to immediately notify HFLA-SA about any change in address or ability to make payments.
- Regardless who initiates, any litigation pertaining to this application or related Loan will take place in Bexar County, Texas.
- All collection and/or legal expenses, including but not limited to court costs, shall be borne by Applicant/Borrower and Cosigners, with all such charges added to the total amount due.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

The following question is optional and will not affect your application processing; however, HLA-SA is committed to making all prospective Borrowers aware of the organization and services provided. We appreciate your response.

How did you hear about HFLA-SA? (Please be specific, and select all appropriate.)

- Advertisement (If so, name of publication?) \_\_\_\_\_
- Internet, Social Media (Specific site(s) and/or social media vehicle?) \_\_\_\_\_
- Rabbi, Cantor or Jewish Agency Administration (Synagogue/Agency Name?) \_\_\_\_\_
- HFLA-SA speech, presentation or event (Location /Event?) \_\_\_\_\_
- Word of mouth (Person we might acknowledge?) \_\_\_\_\_
- Other (Please explain.) \_\_\_\_\_

*Please retain copy.*



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**BORROWER'S PROMISSORY NOTE**

San Antonio, Bexar County, Texas

For value received, I (*print name*) \_\_\_\_\_ promise to pay to the order of:

**Hebrew Free Loan Association of San Antonio**

the sum of \_\_\_\_\_ Dollars (\$\_\_\_\_\_.00) in legal and lawful money of the United States.

**PAYMENT INSTRUCTIONS**

- This note is due and payable to: **Hebrew Free Loan Association of San Antonio  
12500 NW Military Suite 200  
San Antonio, TX 78231  
210.736.4352**
- Without interest, the monthly payments due shall be in the amount of \$\_\_\_\_\_.
- The first payment shall become due on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.
- Subsequent monthly payments are due by the same date of each and every month until loan retirement.
- Should this note be deemed delinquent and placed in the hands of an attorney or collection agency, I/we and the Cosigners agree to pay all attorney and/or collection fees, along with any other related expenses incurred.
- As the Borrower(s), I/we grant Hebrew Free Loan Association of San Antonio permission to divulge payment records, as well as any other administrative information to the Cosigners of this Loan.
- I/we understand failure to make required payment may cause the entire Loan balance to become due for immediate payment.

*The following paragraphs state this in legal terms; my/our signature below indicates understanding and concurrence:*

It is expressly provided that upon default in the punctual payment of this Note or any part thereof, at the option of the holder, the entire indebtedness evidenced hereby shall be matured. In the event this Note, or any part hereof, is placed in the hands of an attorney or collection agency for collection after maturity, however matured, then the undersigned agree and promise to pay reasonable attorneys' fees and collection expenses.

Each maker, surety and endorser of this Note expressly waives all notices, demands for payment, presentations for payment, notices of intention to accelerate the maturity, protest and notice of protest, as to this Note and to each, every and all installments hereof, and each consents that the payee or other holder of the Note may at any time, and from time to time, upon request of or by agreement with any of us, extend the date of maturity hereof or change the time or method of payments without notice to any of the other makers, sureties or endorsers, who shall remain bond for payment hereof.

**Borrower:** \_\_\_\_\_  
Name (*Printed*) Signature Date

**Spouse:** \_\_\_\_\_  
Name (*Printed*) Signature Date

*Please retain copy of this contract.*



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**COSIGNER #1 CONTRACT – LIMITED GUARANTEE**

*\* You will be phoned to verify understanding and agreement with the following terms:*

As Cosigner(s), I/we have been asked to guarantee an Interest-Free Loan for \_\_\_\_\_. The Borrower is receiving \$\_\_\_\_\_ and in turn, has committed to repay the entire amount, in monthly installments of \$\_\_\_\_\_. Subject to the limitation below, I agree to fully, absolutely and unconditionally guaranty full payment of the Loan Amount.

There will be more than one party acting as Guarantor; however, all persons are jointly and severally liable for payment of the Loan Amount. Thus, HFLA-SA may look to any, or all of us for full payment of the Loan balance.

**Despite the foregoing, as long as all Cosigners meet their respective liabilities, the maximum amount of my/our liability under this Guaranty shall be \_\_\_\_\_% of the Loan or \$\_\_\_\_\_.00 (to be completed by Cosigner(s)). Unless documented herewith and confirmed by HFLA-SA prior to awarding the loan, the amount for each Cosigner shall be an equal, pro-rata portion. Cosigners may guarantee more or less than a proportionate share, provided the sum of the approved parties tallies the entire amount borrowed or 100%.**

I/we have read this Guaranty and understand it. By signing, I/we recognize the assumption of an obligation for which I/we will be bound from inception until Loan retirement. This Guaranty may be executed in multiple original counterparts.

1. Should Borrower miss one or more, scheduled monthly payment(s), without prior HFLA-SA approval for alternate terms and/or an agreement for make-up payments, collection procedures may immediately go into effect.
  - a. Until this loan is repaid in full, this Cosigner Contract will remain in effect. In case of delinquency/default and/or if Borrower becomes unresponsive, unwilling or unable to fulfill repayment obligations, HFLA-SA will be obliged to enforce Cosigner’s payment commitment. I/we have read, understand and as evidenced by my/our signature(s) below, agree to abide by all Loan Terms. I/we recognize this contract is joint and several, meaning each Cosigner may be required to pay the remaining Loan balance, up to the original amount borrowed.
  - b. As Cosigner on this note, I/we hereby assert **both willingness and capacity to make applicable payment**. Further, if Borrower does not meet the obligations and this contract is invoked **I/we fully agree to pay HFLA-SA, without delay and without complaint**, with the realization these funds may be utilized to assist future Borrowers.
  - c. I/we promise to notify HFLA-SA of any contact changes and will promptly respond to all communication efforts.
2. I/we know Borrower has committed and is obligated to notify HFLA-SA should he/she encounter any unusual circumstance/hardship affecting payment ability (either in paying full amount or on-time) and obtain authorization for adjustment and/or make-up arrangements for any missed, late or short amount - **prior to causing past due account status**. Borrower and Cosigners alike should know failure to comply with this policy can render the account delinquent, with the potential each party becomes ineligible for future HFLA-SA loans. If formal collection procedures prove necessary, any Signer on this Loan risks full adverse effects associated with credit bureau reporting.
3. Like the Borrower, I/we accept joint responsibility for meeting all terms of this Loan.
4. As a Cosigner, I/we may access otherwise confidential, restricted information (i.e. balance, payment history, etc.).
5. If payments are made in excess of this account balance, HFLA-SA will refund the appropriate party/parties.
6. Regardless who initiates, any litigation pertaining to this application or related Loan will take place in Bexar County, Texas.
7. All collection and/or legal expenses, including but not limited to court costs, shall be borne by Applicant/Borrower and Cosigners, with all such costs added to the total amount due.

**I/we certify reading, understanding and agreement to comply with all of the aforementioned terms.**

COSIGNER NAME ( <i>Printed</i> )	SIGNATURE	DATE
SPOUSE ( <i>Printed</i> )	SIGNATURE	DATE

*- Continued on next page -*

### COSIGNER #1 – cont.

#### COSIGNER INFORMATION *(Please type or print legibly)*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/ Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status? Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow/er \_\_\_ Partner \_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rent \_\_\_ Own \_\_\_ How long? \_\_\_\_\_ If less than 2-yrs, previous address? \_\_\_\_\_  
 Occupation/Position \_\_\_\_\_ Boss/Supervisor \_\_\_\_\_  
 Employer \_\_\_\_\_ How long? \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 If retired or unemployed, additional income or unencumbered assets for consideration? \_\_\_\_\_  
 Have you or your spouse ever applied for/received a loan from HFLA-SA? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_  
 Have you or your spouse previously cosigned for an HFLA-SA loan? Yes \_\_\_ No \_\_\_  
 If so, for whom? \_\_\_\_\_ When? \_\_\_\_\_

#### SPOUSE / PARTNER INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/ Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### ADDITIONAL INFORMATION

HFLA-SA lends exclusively to members of the Jewish faith. To obtain a 0% loan, Applicants and at least one Cosigner *must be Jewish\**. (\*Born/raised or converted, without subsequent conversion to non-Jewish religion, NOT Messianic or Jews for Jesus)

Are you of the Jewish faith? Yes \_\_\_ No \_\_\_  
 Do you know the Applicant to be Jewish? Yes \_\_\_ No \_\_\_  
 How do you know the Applicant/Relationship? \_\_\_\_\_ How long known? \_\_\_\_\_ years  
 Previous, current or pending litigation or anticipated changes in personal/professional status which might cause concern or affect ability to repay a loan? Yes \_\_\_ No \_\_\_ If so, you may explain on a separate sheet.

*PLEASE ATTACH COPIES OF THE FOLLOWING INFORMATION: (1) SOCIAL SECURITY CARD, (2) DRIVER'S LICENSE and (3) IF FIRST TIME COSIGNER ON BEHALF OF A FIRST TIME BORROWER, CURRENT CREDIT REPORT (or release for us to obtain).*

#### CERTIFICATION OF COMPLETENESS AND ACCURACY, APPROVAL TO OBTAIN INFORMATION

- I/we authorize the Hebrew Free Loan Association of San Antonio (HFLA-SA) to investigate my/our credit and personal history, including any applicable legal records.
- I/we authorize agencies and persons contacted in connection with this application (including credit reporting agencies, banks and others) to provide information about my/our credit and personal history to HFLA-SA.
- I/we certify all information contained in this loan application to be accurate and complete.

Cosigner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please retain copy of this contract.*





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**COSIGNER #2 CONTRACT – LIMITED GUARANTEE**

*\* You will be phoned to verify understanding and agreement with the following terms:*

As Cosigner(s), I/we have been asked to guarantee an Interest-Free Loan for \_\_\_\_\_. The Borrower is receiving \$\_\_\_\_\_ and in turn, has committed to repay the entire amount, in monthly installments of \$\_\_\_\_\_. Subject to the limitation below, I/we agree to fully, absolutely and unconditionally guaranty full payment of the Loan Amount.

There will be more than one party acting as Guarantor; however, all persons are jointly and severally liable for payment of the Loan Amount. Thus, HFLA-SA may look to any, or all of us for full payment of the Loan balance.

**Despite the foregoing, as long as all Cosigners meet their respective liabilities, the maximum amount of my/our liability under this Guaranty shall be \_\_\_\_\_% of the Loan or \$\_\_\_\_\_.00 (to be completed by Cosigner(s)). Unless documented herewith and confirmed by HFLA-SA prior to awarding the loan, the amount for each Cosigner shall be an equal, pro-rata portion. Cosigners may guarantee more or less than a proportionate share, provided the sum of the approved parties tallies the entire amount borrowed or 100%.**

I/we have read this Guaranty and understand it. By signing, I/we recognize the assumption of an obligation for which I/we will be bound from inception until Loan retirement. This Guaranty may be executed in multiple original counterparts.

1. Should Borrower miss one or more, scheduled monthly payment(s), without prior HFLA-SA approval for alternate terms and/or an agreement for make-up payments, collection procedures may immediately go into effect.
  - a. Until this loan is repaid in full, this Cosigner Contract will remain in effect. In case of delinquency/default and/or if Borrower becomes unresponsive, unwilling or unable to fulfill repayment obligations, HFLA-SA will be obliged to enforce Cosigner’s payment commitment. I/we have read, understand and as evidenced by my/our signature(s) below, agree to abide by all Loan Terms. I/we recognize this contract is joint and several, meaning each Cosigner may be required to pay the remaining Loan balance, up to the original amount borrowed.
  - b. As Cosigner on this note, I/we hereby assert **both willingness and capacity to make applicable payment**. Further, if Borrower does not meet the obligations and this contract is invoked **I/we fully agree to pay HFLA-SA, without delay and without complaint**, with the realization these funds may be utilized to assist future Borrowers.
  - c. I/we promise to notify HFLA-SA of any contact changes and will promptly respond to all communication efforts.
2. I/we know Borrower has committed and is obligated to notify HFLA-SA should he/she encounter any unusual circumstance/hardship affecting payment ability (either in paying full amount or on-time) and obtain authorization for adjustment and/or make-up arrangements for any missed, late or short amount - **prior to causing past due account status**. Borrower and Cosigners alike should know failure to comply with this policy can render the account delinquent, with the potential each party becomes ineligible for future HFLA-SA loans. If formal collection procedures prove necessary, any Signer on this Loan risks full adverse effects associated with credit bureau reporting.
3. Like the Borrower, I/we accept joint responsibility for meeting all terms of this Loan.
4. As a Cosigner, I/we may access otherwise confidential, restricted information (i.e. balance, payment history, etc.).
5. If payments are made in excess of this account balance, HFLA-SA will refund the appropriate party/parties.
6. Regardless who initiates, any litigation pertaining to this application or related Loan will take place in Bexar County, Texas.
7. All collection and/or legal expenses, including but not limited to court costs, shall be borne by Applicant/Borrower and Cosigners, with all such costs added to the total amount due.

**I/we certify reading, understanding and agreement to comply with all of the aforementioned terms.**

COSIGNER NAME (Printed)	SIGNATURE	DATE
SPOUSE (Printed)	SIGNATURE	DATE

*- Continued on next page -*



Borrower: \_\_\_\_\_ Special Situation Loan #: \_\_\_\_\_ Date issued: \_\_\_\_\_

**COSIGNER #2 – cont.**

**COSIGNER INFORMATION (Please type or print legibly)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/ Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Marital Status? Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow/er \_\_\_ Partner \_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rent \_\_\_ Own \_\_\_ How long? \_\_\_\_\_ If less than 2-yrs, previous address? \_\_\_\_\_  
 Occupation/Position \_\_\_\_\_ Boss/Supervisor \_\_\_\_\_  
 Employer \_\_\_\_\_ How long? \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 If retired or unemployed, additional income or unencumbered assets for consideration? \_\_\_\_\_  
 Have you or your spouse ever applied for/received a loan from HFLA-SA? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_  
 Have you or your spouse previously cosigned for an HFLA-SA loan? Yes \_\_\_ No \_\_\_  
 If so, for whom? \_\_\_\_\_ When? \_\_\_\_\_

**SPOUSE / PARTNER INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/ Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL INFORMATION**

HFLA-SA lends exclusively to members of the Jewish faith. To obtain a 0% loan, Applicants and at least one Cosigner *must be Jewish\**. (\*Born/raised or converted, without subsequent conversion to non-Jewish religion, NOT Messianic or Jews for Jesus)

Are you of the Jewish faith? Yes \_\_\_ No \_\_\_  
 Do you know the Applicant to be Jewish? Yes \_\_\_ No \_\_\_  
 How do you know the Applicant/Relationship? \_\_\_\_\_ How long known? \_\_\_\_\_ years  
 Previous, current or pending litigation or anticipated changes in personal/professional status which might cause concern or affect ability to repay a loan? Yes \_\_\_ No \_\_\_ If so, you may explain on a separate sheet.

***PLEASE ATTACH COPIES OF THE FOLLOWING INFORMATION: (1) SOCIAL SECURITY CARD, (2) DRIVER'S LICENSE and (3) IF FIRST TIME COSIGNER ON BEHALF OF A FIRST TIME BORROWER, CURRENT CREDIT REPORT (or release for us to obtain).***

**CERTIFICATION OF COMPLETENESS AND ACCURACY, APPROVAL TO OBTAIN INFORMATION**

- I/we authorize the Hebrew Free Loan Association of San Antonio (HFLA-SA) to investigate my/our credit and personal history, including any applicable legal records.
- I/we authorize agencies and persons contacted in connection with this application (including credit reporting agencies, banks and others) to provide information about my/our credit and personal history to HFLA-SA.
- I/we certify all information contained in this loan application to be accurate and complete.

Cosigner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please retain copy of this contract.*



# HEBREW FREE LOAN ASSOCIATION OF SAN ANTONIO

12500 NW Military Suite 200 | San Antonio, TX 78231 | 210.736.4352

*Interest-Free Loans . . . Because 'Life Happens!'*

## COSIGNER #3 CONTRACT – LIMITED GUARANTEE

*\* You will be phoned to verify understanding and agreement with the following terms:*

As Cosigner(s), I/we have been asked to guarantee an Interest-Free Loan for \_\_\_\_\_. The Borrower is receiving \$\_\_\_\_\_ and in turn, has committed to repay the entire amount, in monthly installments of \$\_\_\_\_\_. Subject to the limitation below, I/we agree to fully, absolutely and unconditionally guaranty full payment of the Loan Amount.

There will be more than one party acting as Guarantor; however, all persons are jointly and severally liable for payment of the Loan Amount. Thus, HFLA-SA may look to any, or all of us for full payment of the Loan balance.

**Despite the foregoing, as long as all Cosigners meet their respective liabilities, the maximum amount of my/our liability under this Guaranty shall be \_\_\_\_\_% of the Loan or \$\_\_\_\_\_.00 (to be completed by Cosigner(s)). Unless documented herewith and confirmed by HFLA-SA prior to awarding the loan, the amount for each Cosigner shall be an equal, pro-rata portion. Cosigners may guarantee more or less than a proportionate share, provided the sum of the approved parties tallies the entire amount borrowed or 100%.**

I/we have read this Guaranty and understand it. By signing, I/we recognize the assumption of an obligation for which I/we will be bound from inception until Loan retirement. This Guaranty may be executed in multiple original counterparts.

1. Should Borrower miss one or more, scheduled monthly payment(s), without prior HFLA-SA approval for alternate terms and/or an agreement for make-up payments, collection procedures may immediately go into effect.
  - a. Until this loan is repaid in full, this Cosigner Contract will remain in effect. In case of delinquency/default and/or if Borrower becomes unresponsive, unwilling or unable to fulfill repayment obligations, HFLA-SA will be obliged to enforce Cosigner’s payment commitment. I/we have read, understand and as evidenced by my/our signature(s) below, agree to abide by all Loan Terms. I/we recognize this contract is joint and several, meaning each Cosigner may be required to pay the remaining Loan balance, up to the original amount borrowed.
  - b. As Cosigner on this note, I/we hereby assert **both willingness and capacity to make applicable payment**. Further, if Borrower does not meet the obligations and this contract is invoked **I/we fully agree to pay HFLA-SA, without delay and without complaint**, with the realization these funds may be utilized to assist future Borrowers.
  - c. I/we promise to notify HFLA-SA of any contact changes and will promptly respond to all communication efforts.
2. I/we know Borrower has committed and is obligated to notify HFLA-SA should he/she encounter any unusual circumstance/hardship affecting payment ability (either in paying full amount or on-time) and obtain authorization for adjustment and/or make-up arrangements for any missed, late or short amount - **prior to causing past due account status**. Borrower and Cosigners alike should know failure to comply with this policy can render the account delinquent, with the potential each party becomes ineligible for future HFLA-SA loans. If formal collection procedures prove necessary, any Signer on this Loan risks full adverse effects associated with credit bureau reporting.
3. Like the Borrower, I/we accept joint responsibility for meeting all terms of this Loan.
4. As a Cosigner, I/we may access otherwise confidential, restricted information (i.e. balance, payment history, etc.).
5. If payments are made in excess of this account balance, HFLA-SA will refund the appropriate party/parties.
6. Regardless who initiates, any litigation pertaining to this application or related Loan will take place in Bexar County, Texas.
7. All collection and/or legal expenses, including but not limited to court costs, shall be borne by Applicant/Borrower and Cosigners, with all such costs added to the total amount due.

**I/we certify reading, understanding and agreement to comply with all of the aforementioned terms.**

COSIGNER NAME ( <i>Printed</i> )	SIGNATURE	DATE
SPOUSE ( <i>Printed</i> )	SIGNATURE	DATE

*- Continued on next page -*

**COSIGNER #3 – cont.**

**COSIGNER INFORMATION (Please type or print legibly)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/ Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Marital Status? Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow/er \_\_\_ Partner \_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rent \_\_\_ Own \_\_\_ How long? \_\_\_\_\_ If less than 2-yrs, previous address? \_\_\_\_\_  
 Occupation/Position \_\_\_\_\_ Boss/Supervisor \_\_\_\_\_  
 Employer \_\_\_\_\_ How long? \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 If retired or unemployed, additional income or unencumbered assets for consideration? \_\_\_\_\_  
 Have you or your spouse ever applied for/received a loan from HFLA-SA? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_  
 Have you or your spouse previously cosigned for an HFLA-SA loan? Yes \_\_\_ No \_\_\_  
 If so, for whom? \_\_\_\_\_ When? \_\_\_\_\_

**SPOUSE / PARTNER INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/ Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_  
 Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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