



HEBREW FREE LOAN ASSOCIATION OF SAN ANTONIO
P.O. Box 780264 | San Antonio, TX 78278 | 210.736.4352
Interest-Free Loans . . . Because 'Life Happens!'

**SAJSS – GOLDSMITH FAMILY – HFLA LOAN
APPLICATION PACKAGE**

This dedicated loan program is enabled thanks to a generous donation by San Antonio Jewish Senior Services. Only local Jewish individuals who are 60-years old or older may apply for and/or benefit from this special program. All loan repayments and subsequent contributions will be used to replenish this fund; however, please be advised if account balance is ever depleted to the point a loan cannot be awarded from it, HFLA-SA will be forced on an interim basis, to award interest-free loans from the agency's general resources, with the borrower benefits and repayment obligations the same as for non-Senior applicants.

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 Term 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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SENIOR LOAN APPLICATION (for Jewish people 60 and older) BORROWER and COSIGNER: CRITERIA, TERMS and INSTRUCTIONS

Hebrew Free Loan Association of San Antonio (HFLA-SA) provides interest-free loans to local residents of the Jewish faith. This application package contains Eligibility Requirements, Terms and Conditions, Forms and upon Loan approval, legally binding Contracts. HFLA-SA does not charge interest, however, as detailed below, we require 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 entire repayment. Through this practice, we are able to safeguard and perpetuate funds, ensuring money remains available for further borrowing. Please read through the entire Loan Package, and affirm compliance with all Loan Criteria and Terms:

A. APPLICANT / BORROWER:

1. May borrow a maximum of \$6,000 per Loan
2. Must be of the Jewish faith
3. **Must be at least 60 years of age** (If not, please select an application that fits your situation.)
4. Must reside in the San Antonio service area (includes the counties of: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Karnes, Kendall, Kerr, Medina, Uvalde or Wilson), having done so for at least six months
5. Cannot be a Cosigner on another HFLA-SA General Purpose Loan
6. Must obtain two (2) well-qualified Cosigners for loans of \$2,000, one (1) if less than \$2,000, each guaranteeing full repayment

B. COSIGNERS:

1. Agree to be jointly and severally liable for entire Loan
2. At least one of the Jewish faith on each Loan
3. Permanent residents of the state of Texas; if necessary, one outside Texas may be allowed, if person is a U.S. resident and a close relative of Applicant
4. Cannot be married to Applicant or other Cosigner of this Loan (Couples are 1 unit, each assuming the other's obligations.)
5. Must be at least 21 years of age
6. Cannot be in a position dependent on the community's goodwill (Rabbis, Cantors, etc.)

C. MISCELANEOUS:

1. To assist with risk assessment, HFLA-SA may conduct a legal investigation on Applicants and Cosigners (at no added cost). 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 reporting requirements. Information obtained is intended for ensuring creditworthiness and mitigating 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 but not limited to court fees, added to the total liability and will become the responsibility and be borne by the Applicant/Borrower and Cosigners.

D. REPAYMENT SCHEDULE (Monthly Minimum Amount Due):

<u>Loan Amount</u>	<u>Personal Loan Monthly Payment</u>	<u>SPECIAL Senior Monthly Payment</u>
\$ 2,000	\$ 66.67	\$ 40.00
3,000	100.00	60.00
4,000	133.33	80.00
5,000	166.67	100.00
6,000	200.00	120.00

E. DELINQUENCY / DEFAULT:

1. Scheduled installments are due in full – each and every month. If for any reason Borrower cannot make a required payment, he/she MUST notify HFLA-SA prior to the date due. Any deviations from original terms must be agreed upon by HFLA-SA's Loan and Collections Committee. Failure to do so on a timely basis or the making of a partial payment without prior approval, will cause account to be deemed delinquent.
2. A delinquent account may result in 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

Please retain copies of Loan Documents, Contracts & any HFLA-SA Correspondence



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APPLICANT INFORMATION *(Please type or print legibly. Answer each question, indicating N/A, if appropriate.)*

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 ___ 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 (____) _____ - _____

Number in household? _____ Approximate annual household income? _____
If retired or unemployed, additional income 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 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.)

Synagogue Affiliation? _____ Current member? Yes ___ No ___

Are you a Veteran (having actively & honorably served in the U.S. armed forces) and/or a Dependent of one? Yes ___ No ___
If so, you may wish to consider the JWV, Post 753 – HFLA-SA loan program.

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 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.

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 and schedule stated in this application and the signed Promissory Note.
- If I/we fail to make payments as agreed, HFLA-SA will 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 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 costs added to the total amount due.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

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

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

- 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 should acknowledge?) _____
- Other (Please explain.) _____

Please retain a 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**
P.O. Box 780264
San Antonio, TX 78278
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 _____.
- All subsequent 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 understand if I fail to make regular payments, the entire Loan balance will become due for immediate payment.

The following paragraphs state this in legal terms; by signing below, I/we indicate 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

** 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 \$ _____.

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 must be 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 charges 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

COSIGNER INFORMATION *(Please type or print legibly, answering all information or indicating with N/A.)*

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 (____) _____ - _____

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COSIGNER #1 – cont.

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 Issuing _____ 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 ___

Synagogue Affiliation? _____ Current member? 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

*** 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 \$_____.

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 must be 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 charges 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

COSIGNER INFORMATION *(Please type or print legibly, answering all information or indicating with N/A.)*

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 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 (____) _____ - _____

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COSIGNER #2 – cont.

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 Issuing _____ U.S. Citizen? Yes ___ No ___

Date of Birth ____ / ____ / ____ Cell Phone (____) _____ - _____ Email _____

Occupation _____ Employer _____ Work Phone (____) _____ - _____

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Synagogue Affiliation? _____ Current member? Yes ___ No ___

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- 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.