



## **HEBREW FREE LOAN ASSOCIATION OF SAN ANTONIO**

P.O. Box 780264 | San Antonio, TX 78278 | 210.736.4352

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

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### **PERSONAL 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 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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**PERSONAL LOAN APPLICATION**

**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 funds remain 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 21 years of age
4. Must reside in the San Antonio service area, 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 a 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 Due):**

<u>Loan Amount</u>	<u>Monthly Repayment</u>
\$2,000	\$ 66.67
3,000	100.00
4,000	133.33
5,000	166.67
6,000	200.00

*Payments for multiple loans should identify Borrowers, account #s and respective amounts to apply.*

**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)**

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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number of people permanently residing in your household? \_\_\_\_\_ Approximate annual household income? \_\_\_\_\_

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 \_\_\_

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, HLA-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 as many as 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)***

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? \_\_\_\_\_

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

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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)**

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 \_\_\_\_\_  
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 Employer \_\_\_\_\_ How long? \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*- Continued on next page -*



**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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL INFORMATION**

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Synagogue Affiliation? \_\_\_\_\_

Do you know the Applicant to be Jewish? Yes \_\_\_ No \_\_\_

How do you know the Applicant/Relationship? \_\_\_\_\_ How long known? \_\_\_\_\_ years

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

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

*Please retain copy of this contract.*