



Education Loan Application

- Loans are need based, not merit based.
- The maximum loan request per year is \$7,500.
- The student must be enrolled in a full time undergraduate program (either a two year or four year program) or an accredited vocational course.
- One co-signer living in the Northeast Ohio area is required for the first \$7,500 request. One additional co-signer is required for the second request. A previous co-signer or a new co-signer will be required for subsequent requests.
- Requests can be made throughout college, however, the aggregate amount cannot exceed \$10,000, and no more than \$7,500 may be outstanding at a time.
- Requests are reviewed by the Loan Committee monthly.
- The student must submit the following information for a complete application package:

| Required Documents for applicant | Included |
|--|-----------------|
| Completed Application forms | |
| Letter of acceptance from College/University | |
| Financial Award Letter | |
| SARS/FAFSA Report | |
| If employed current paystub & most recent 1040 | |
| Completed co-signer forms | |

- Once a completed application is received an interview for the applicant will be scheduled with the loan committee.
- While enrolled in school, payments are \$100 per month as long as the student is enrolled full-time. Once this status changes, the loan terms convert to a regular loan and HFLA regular repayment terms apply.
- The student is required to submit proof of status annually.
- Additional co-signers may be requested at the discretion of the board.

If you have any questions or would like additional information, please contact the HFLA office at 216-378-9042 or team@hflaclev.org .

23300 Chagrin Blvd. Suite 204, Beachwood, OH 44122
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| | | | | | |
|---|----------------------|----------------------------------|--------------------------|--|--------------------|
| Education Loan Application | | | | Application No.: _____ (for office use only) | |
| Amount Requested: \$ _____ (max \$7,500) | | | | | |
| Applicant's Last Name | | First Name | Date of Birth (DD/MM/YY) | Social Security # | Driver's License # |
| Previous Name(s) if Applicable | | | | | |
| Spouse/Partner's Last Name | | First Name | Date of Birth (DD/MM/YY) | Social Security # | Driver's License # |
| Previous Name(s) if Applicable | | | | | |
| Address | | | City | Postal (Zip) Code | |
| Previous Address | | | | | |
| No. of Years at this address | No. of years in Ohio | No. of Years at previous address | Home Phone | Cell Phone | Email |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Spouse/partner Household (HH) Type: <input type="checkbox"/> 2 Parent HH <input type="checkbox"/> Single Parent HH <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more adults | | | | | |
| Dependents (Age & Gender) _____ M/F _____ M/F _____ M/F _____ M/F _____ M/F _____ M/F | | | | | |
| Applicant's Occupation | | Employer | | Phone No. | |
| Employer's Address | | | Monthly Gross Salary | How long at this job? | |
| Spouse's Occupation | | Employer | | Phone No. | |
| Employer's Address | | | Monthly Gross Salary | How long at this job? | |
| Other Income Sources | | | | | |
| Check any of the following income sources that you receive: <input type="checkbox"/> Social Security/Disability (SELF) <input type="checkbox"/> Social Security/Disability (DEPENDENTS) | | | | | |
| <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> OWB (Cash Assistance) <input type="checkbox"/> Unemployment <input type="checkbox"/> Other | | | | | |
| Please enter the amount received for any income sources checked: _____ | | | | | |
| Frequency of Payment (weekly, biweekly, monthly, etc.): _____ | | | | | |
| School Information | | | | | |
| School Attending: _____ | | | Year in School: _____ | | |
| School Address: _____ | | | | | |
| Program Cost: Tuition: _____ | | Books: _____ | | Cost of Living: _____ | |
| Additional fees (please be specific): _____ | | | | | |
| Financial Aid received: (Please list all grants, scholarships and loans – include your financial aid award letter – if you do not have a financial award letter or are not accepting financing offer to you please explain why on next page) | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Explanation for denial of financing offer(s):

Housing information

Home Purchase Price \$ _____ Year Purchased _____ Current Value \$ _____

Unpaid Mortgage Balance \$ _____ Mortgage Servicer? _____

Monthly Mortgage Payment \$ _____ Taxes/Insurance Included? Yes No

If not included: Tax Payment \$ _____ Insurance Payment \$ _____

If Renting:

Monthly rent \$ _____ Term of lease _____ Name of Landlord: _____

Debt/Asset Information

Vehicle 1 _____ Model _____ Make _____ Year _____

Balance of loan \$ _____ Monthly payments \$ _____ With which institution? _____

Vehicle 2 _____ Model _____ Make _____ Year _____

Balance of Loan \$ _____ Monthly payments \$ _____ With which institution? _____

Check any debts that you currently owe to creditors:

Student Loan(s) Amount Owed: _____ Line of Credit Amount Owed: _____ Credit Card 1 Amount Owed: _____

Credit Card 2 Amount Owed: _____ Other (Please describe) _____

Do you have any payday loans outstanding? Yes No If yes, amount owed: \$ _____

Available Assets

Cash & Investment Assets (e.g. stocks, cash, investments) _____

Other Assets (e.g. vacation property) _____

Assets in Other countries (include all details) _____

Additional Information

Did you apply to a bank or other sources for a loan? Yes No If not, why not? _____

If you were declined for a loan, please provide a copy of the decline letter and state the reason for the decline: _____

How did you hear about HFLA? Friend/Family Member Website Temple/Religious Institution Social Services Agency/Caseworker
 Other, please specify: _____

Signatures

The above information is for the purpose of obtaining credit and is warranted to be true. I/we agree to pay all bills upon receipt or statement or as otherwise expressly agreed. I/we hereby authorize the person of firm to whom this application is made, any credit bureau or other investigative agency employed by such person 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 responsibility.

I/WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT

This _____ day of _____, 20____
(date) (month)

X _____ Print Name: _____

X _____ Print Name: _____

Optional Information (not used for loan consideration)

Ethnicity: _____ Religious Affiliation: _____



HFLA FINANCIAL QUESTIONNAIRE

Borrower Name: _____

| MONTHLY INCOME | BORROWER | SPOUSE/PARTNER | NOTES |
|---------------------------------------|---|----------------|-------|
| Salary / Commission | \$ | \$ | |
| Soc Sec / Disability / Workers Comp | \$ | \$ | |
| Retirement / Pension Benefits | \$ | \$ | |
| Child Support / Alimony | \$ | \$ | |
| Other Income | \$ | \$ | |
| TOTAL MONTHLY HOUSEHOLD INCOME | \$ <input type="checkbox"/> Gross <input type="checkbox"/> Net | | |

| | HOUSEHOLD EXPENSES | MONTHLY PAYMENT | AMOUNTS PAST DUE | BALANCE | NOTES (Explain any past due amounts) |
|--------------------|--|-----------------|------------------|---------|--------------------------------------|
| HOUSING | Rent | \$ | \$ | \$ | |
| | Mortgage (Primary) Tax Escrow? Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | \$ | |
| | Property Taxes (if no tax escrow) | \$ | \$ | \$ | |
| | Home Insurance (if no tax escrow) | \$ | \$ | \$ | |
| | 2nd Mortgage / Home Equity Loan | \$ | \$ | \$ | |
| | Association Fees/Dues | \$ | \$ | \$ | |
| AUTO | Car Payment(s) | \$ | \$ | \$ | |
| | Car Maintenance/Repair | \$ | \$ | \$ | |
| | Car Insurance | \$ | \$ | \$ | |
| | Gasoline | \$ | \$ | \$ | |
| MEDICAL | Health Insurance Premiums | \$ | \$ | \$ | |
| | Medical Bills | \$ | \$ | \$ | |
| BASICS | Home Phone / Cell Phone | \$ | \$ | \$ | |
| | Internet / Cable TV | \$ | \$ | \$ | |
| | Utilities | \$ | \$ | \$ | |
| | Food | \$ | \$ | \$ | |
| | Child Care/Tuition | \$ | \$ | \$ | |
| UNSECURED | Credit Cards | \$ | \$ | \$ | |
| | Loans from friends/relatives | \$ | \$ | \$ | |
| | Loans from banks/credit unions | \$ | \$ | \$ | |
| | Student Loans | \$ | \$ | \$ | |
| OTHER TAXES | Income Taxes | \$ | \$ | \$ | |
| | Property Taxes (real estate, etc.) | \$ | \$ | \$ | |
| | Business Taxes | \$ | \$ | \$ | |
| | Other Expenses | \$ | \$ | \$ | |
| | TOTAL MONTHLY HOUSEHOLD EXPENSES | \$ | \$ | | |



HFLA FINANCIAL QUESTIONNAIRE

TAX ISSUES

Do you or your spouse/partner have any un-filed tax returns? Yes No If Yes, please explain below

Do you or your spouse/partner owe any amounts for taxes? Yes No If Yes, for which year(s)? _____

Amount(s) owed: \$ _____ Have you established a payment plan? Yes No

Please explain: _____

LEGAL ISSUES

Are you or your spouse/partner being sued by anyone? Yes No If Yes, please explain below

Amount: \$ _____ Reason: _____

Are you in the process of or planning to file for divorce? Yes No

Please explain: _____

BANKRUPTCY FILING

Have you or your spouse filed for bankruptcy in the past? Yes No

If Yes, Type of Bankruptcy Filed: _____ Year Filed: _____

Are you or your spouse/partner in the process of or planning to file for bankruptcy? Yes No

Please explain: _____

Borrower Signature _____ **Date** _____

Co-Borrower Signature _____ **Date** _____



Privacy and Disclosures

The information in this application is for the purpose of obtaining credit and you are warranting and representing that it is true and correct. In signing this document, any borrower, cosigner, or guarantor agrees to pay all bills upon receipt or statement or as otherwise expressly agreed.

By submitting this application, you authorize HFLA of Northeast Ohio (HFLA) to obtain credit reports in connection with this application, modification of any loan received, or as needed, by HFLA. Upon request, we will advise you of the name and address of any agency furnishing the report. You, the borrower and any co-borrower, also authorize anyone named in this application or referenced on any credit report (including any co-signers, guarantors, employers or references) to verify any information given in this application or on the credit report.

HFLA collects nonpublic personal information about you, the borrower and any co-borrower, co-signer(s), or guarantor(s). We restrict access to your personal information to process the loan application and collect loan payments. We maintain procedural, physical and electronic safeguards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you to anyone, except as permitted or required by law. We will continue to adhere to the privacy policies and practices as described in this notice even after you satisfy your loan obligation to us. Your confidence in us is important and we want you to know that your personal information is protected. If you have any questions or concerns, please contact us.

Through Credit Builder’s Alliance, HFLA is able assist its borrowers build a positive credit history, by offering you the option of having your loan payments reported to the credit bureaus. We can also provide referrals to various nonprofits that offer free credit counseling. It is important to note that if you default on your loan, it will be reported as a delinquent account on your, your co-borrower’s, and guarantor(s)/cosigner(s)’ credit reports, regardless of your participation in the credit building program.

By signing this form, you certify that the information you provide in the application is true, and that you agree with HFLA’s aforementioned policies.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____