



***Co-signer acknowledgement of responsibility***

The HFLA is considering an application for \_\_\_\_\_  
for an interest free education loan on which you will be a co-signer on the promissory note. If the loan is approved, it will be conditioned on your responsibility to repay any part of the debt not paid by the borrower in the event the borrower defaults.

Please complete all the forms below and sign and return a copy of this letter as evidence of your understanding of your responsibility for this obligation. You must include with the forms your **most recent 1040 and most recent Paystub.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Documentation from co-signer:**

<b>Document</b>	<b>Included</b>
Co-signer application form	
Co-signer budget form	
1040 or tax transcript	
Current paystub or proof of income (ex: Award Letter)	
Signed letter of acknowledgement	



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<b>Co-signer Application</b>				Application No.: _____ (for office use only)	
Name of loan applicant: _____					
Co-signer'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					
Co-signer's Occupation		Employer			Phone No.
Address				Monthly Gross Salary	How long at this job?
Spouse's Occupation		Employer			Phone No.
Address				Monthly Gross Salary	How long at this job?

**Financial Statement**

Do you receive any additional sources of income (Social Security, Pension, Child Support/Alimony, etc.)?  Yes  No  
If yes, enter the type and amount received for any income sources checked: \_\_\_\_\_  
Frequency of Payment (weekly, biweekly, monthly, etc.): \_\_\_\_\_  
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 \$ \_\_\_\_\_  
Monthly rent \$ \_\_\_\_\_ Term of lease \_\_\_\_\_ Name of Landlord: \_\_\_\_\_  
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? \_\_\_\_\_  
Cash & Investment Assets (e.g. stocks, cash, investments) \_\_\_\_\_  
Other Assets (e.g. vacation property) \_\_\_\_\_  
Assets in Other countries (include all details) \_\_\_\_\_  
**Other loans/debts:**  
 Student Loan(s) Amount Owed: \_\_\_\_\_  Line of Credit Amount Owed: \_\_\_\_\_  Credit Card 1 Amount Owed: \_\_\_\_\_  
 Credit Card 2 Amount Owed: \_\_\_\_\_  Other (Please describe) \_\_\_\_\_  
Relationship to Applicant:  Relative: \_\_\_\_\_  Friend  Acquaintance  Other (specify): \_\_\_\_\_

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**

**Co-signer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### HFLA FINANCIAL QUESTIONNAIRE

Co-signer Name: \_\_\_\_\_

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

	HOUSEHOLD EXPENSES	MONTHLY PAYMENT	AMOUNTS PAST DUE	BALANCE	NOTES (Explain any past due amounts)
<b>HOUSING</b>	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	\$	\$	\$	
<b>AUTO</b>	Car Payment(s)	\$	\$	\$	
	Car Maintenance/Repair	\$	\$	\$	
	Car Insurance	\$	\$	\$	
	Gasoline	\$	\$	\$	
<b>MEDICAL</b>	Health Insurance Premiums	\$	\$	\$	
	Medical Bills	\$	\$	\$	
<b>BASICS</b>	Home Phone / Cell Phone	\$	\$	\$	
	Internet / Cable TV	\$	\$	\$	
	Utilities	\$	\$	\$	
	Food	\$	\$	\$	
	Child Care/Tuition	\$	\$	\$	
<b>UNSECURED</b>	Credit Cards	\$	\$	\$	
	Loans from friends/relatives	\$	\$	\$	
	Loans from banks/credit unions	\$	\$	\$	
	Student Loans	\$	\$	\$	
<b>OTHER TAXES</b>	Income Taxes	\$	\$	\$	
	Property Taxes (real estate, etc.)	\$	\$	\$	
	Business Taxes	\$	\$	\$	
	Other Expenses	\$	\$	\$	
	<b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b>	\$	\$		



**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: \_\_\_\_\_

\_\_\_\_\_

**Co-signer 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: \_\_\_\_\_