

Education Loan Application

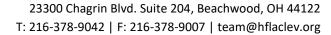
- Loans are need based, not merit based.
- The maximum loan request per year is \$7,500.
- The student must be enrolled in a full time undergraduate program (either a two year or four year program) or an accredited vocational course.
- One co-signer living in the Northeast Ohio area is required for the first \$7,500 request. One additional cosigner 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 T: 216-378-9042 | F: 216-378-9007 | team@hflaclev.org





Education Loa Amount Requested		(max \$7	7 500)	A	Application No.:		(1	for office use only)
Applicant's Last Na		First Name		h (DD/MM/YY))	Social Security	· #	Driver's License #
Previous Name(s) if	Applicable							
Spouse/Partner's La	ast Name	First Name	Date of Birt	h (DD/MM/YY))	Social Security	' #	Driver's License #
Previous Name(s) if	Applicable							
Address					City		P	ostal (Zip) Code
Previous Address								
No. of Years at this address	No. of years in Ohio	No. of Years at previous address	Home F	Phone	Cell Pi	none	Email	
Marital Status:	☐ Single	☐ Married	☐ Div	orced 🗆 S	Separate	ed 🗆 Widov	v/Widower	☐ Spouse/partner
Household (HH) Ty	pe: 🛭 2 Parent I	HH □ Single Parer	nt HH 🛭 Sing	gle Adult 🛭 2	or mor	e adults		
Dependents (Age &	Gender)	M/F	M/F	M/	F	M/F		_M/FM/F
Applicant's Occupa	tion		Em	ployer				Phone No.
Employer's Address	5					Monthly Gros	s Salary	How long at this job?
Spouse's Occupation	n		Em	ployer				Phone No.
Employer's Address	5					Monthly Gros	s Salary	How long at this job?
Other Income Sour	ces							
Check any of the fo	llowing income sou	rces that you recei	ve: 🗆 Social S	Security/Disab	lity (SEL	.F) □ Social Se	curity/Disab	oility (DEPENDENTS)
☐ Child Support/Al	imony □ Pension/	Retirement 🛮 OW	F (Cash Assist	ance) 🗖 Uner	nployme	ent 🛮 Other		
Please enter the an	nount received for a	any income sources	s checked:					
Frequency of Paym	ent (weekly, biwee	kly, monthly, etc.):						
School Information	1							
School Attending: Year in School:								
School Address:	School Address:							
Program Cost: Tuiti	on:	В	Books:	Co:	st of Livi	ing:		
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 financi	ing 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			
			Year
			Year
		With which institution?	
Check any debts that you curren			
			_ ☐ Credit Card 1 Amount Owed:
Do you have any payday loans o	outstanding? Yes No	If yes, amount owed: \$	_
Available Assets			
Assets in Other countries (include	de all details)		
Additional Information			
Did you apply to a bank or othe	r 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 reaso	n for the decline:
	☐ Friend/Family Member ☐ ☐ Other, please specify:	l Website □ Temple/Religious Inst	itution ☐ Social Services Agency/Caseworker
Signatures	, , ,		
_	the nurness of obtaining	g cradit and is warranted to be	a true I/wa agree to pay all hills upon receipt or
			e true. I/we agree to pay all bills upon receipt or rm to whom this application is made, any credit
bureau or other investigative	e agency employed by suc	h person to investigate the refe	erences herein listed or statements or other data
		g to my credit and financial res	
		ICATION IS TRUE AND CORREC	CT
This day of (date)	, 20		
X		Print Name:	
x			
Optional Information (not under the Ethnicity:		-	
•			



MONTHLY INCOME		BORROWER SPOUSE/		OUSE/PARTNER	NOTES
Salary	salary / Commission \$ \$		<u> </u>		
Soc Se	ec / Disability / Workers Comp	\$ \$			
Retire	ment / Pension Benefits	\$	\$		
Child :	Support / Alimony	\$	\$		
Other	Income	\$	\$		
	TOTAL MONTHLY	\$	☐ Gross		
	HOUSEHOLD INCOME		□ Net		
	HOUSEHOLD EXPENSES	MONTHLY PAYMENT	AMOUNTS PAST DUE	BALANCE	NOTES (Explain any past due amounts)
	Rent	\$	\$	\$	
<u> </u>	Mortgage (Primary) Tax Escrow? Yes □ No □	\$	\$	\$	
HOUSING	Property Taxes (if no tax escrow)	\$	\$	\$	
ᅙ	Home Insurance (if no tax escrow)	\$	\$	\$	
	2nd Mortgage / Home Equity Loan	\$	\$	\$	
	Association Fees/Dues	\$	\$	\$	
	Car Payment(s)	\$	\$	\$	
AUTO	Car Maintenance/Repair	\$	\$	\$	
ΑO	Car Insurance	\$	\$	\$	
	Gasoline	\$	\$	\$	
MEDICAL	Health Insurance Premiums	\$	\$	\$	
MED	Medical Bills	\$	\$	\$	
	Home Phone / Cell Phone	\$	\$	\$	
ν	Internet / Cable TV	\$	\$	\$	
BASIC	Utilities	\$	\$	\$	
B	Food	\$	\$	\$	
	Child Care/Tuition	\$	\$	\$	
٩	Credit Cards	\$	\$	\$	
URE	Loans from friends/relatives	\$	\$	\$	
UNSECURED	Loans from banks/credit unions	\$	\$	\$	
5	Student Loans	\$	\$	\$	
a s	Income Taxes	\$	\$	\$	
OTHER TAXES	Property Taxes (real estate, etc.)	\$	\$	\$	
0 =	Business Taxes	\$	\$	\$	
	Other Expenses	\$	\$	\$	
	TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$		



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 \square No \square				
Please explain:				
BANKRUPTCY FILING				
Have you or your spouse filed for bankruptcy in the past? Yes \square No \square				
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 \square No \square				
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 coborrower, also authorize anyone named in this application or referenced on any credit report (including any cosigners, 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. Posterior de Circuit	D. I.			
Co-Borrower Signature:	Date:			



Co-sianer	acknowledgement o	f responsibilitv
co signe.	acknown cagement o	, , , , , , , , , , , , , , , , , , , ,

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:

Document	Included
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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Co-signer Application			laaA	lication No.:	(1	for office use only)	
Name of loan app							
Co-signer's Last Na	me	First Name	Date of Birth (DD/MM/YY)	Social Security	/#	Driver's License #
Previous Name(s) if	Applicable						
Address					City	P	ostal (Zip) Code
Previous Address							
No. of years at this address	No. of years in Ohio	No. of Years at previous address	Home Pho	one C	Cell Phone	Email	
Marital Status: Household (HH) Ty	☐ Single pe: ☐ 2 Parent F	☐ Married HH ☐ Single Pare	□ Divorent HH □ Single	•		w/Widower	☐ Spouse/partner
Dependents (Age &	Gender)	M/F	M/F	M/F	M/F		_ M/F M/F
Co-signer's Occupa	tion		Emplo	oyer			Phone No.
Address			I		Monthly Gros	s Salary	How long at this job?
Spouse's Occupation	n		Emplo	oyer			Phone No.
Address		1	-		Monthly Gros	s Salary	How long at this job?
If yes, enter the typ Frequency of Paym Home Purchase Pri Unpaid Mortgage B Monthly Mortgage Monthly rent \$ Vehicle 1 Balance of loan \$	ee and amount receent (weekly, biweece \$	ived for any incom kly, monthly, etc.): Ta If of lease Model nthly payments \$ _	Year Purchas Mortgag xes/Insurance In not included: Tax	ed:ed:ede Servicer?cluded? □ Ye x Payment \$Name of Landlo	Current Value s	\$	Payment \$ Year
Vehicle 2		Model _			Make		Year
Balance of Loan \$ _	Mo	onthly payments \$	Wit	h which institu	tion?		
Cash & Investment	Assets (e.g. stocks,	cash, investments)				
Other Assets (e.g. v	acation property) _						
Other loans/debts:	Amount Owed:	□ Line	of Credit Amour	nt Owed:		Card 1 Amo	unt Owed:
Relationship to Applicant: Relative:							
Co-signer Signatu	ıre:	<u>.</u>		Date	:		



Co-signer Name:

00 0.8	MONTHLY INCOME	CO-SIGNER	SPOUS	SE/PARTNER	NOTES
Salary	Salary / Commission \$		\$		
Soc Se	c / Disability / Workers Comp	\$	\$		
Retire	ment / Pension Benefits	\$	\$		
Child S	Support / Alimony	\$	\$		
Other	Income	\$	\$		
	TOTAL MONTHLY HOUSEHOLD INCOME	\$	☐ Gross ☐ Net		
	HOUSEHOLD EXPENSES	MONTHLY PAYMENT	AMOUNTS PAST DUE	BALANCE	NOTES (Explain any past due amounts)
	Rent	\$	\$	\$	
ō	Mortgage (Primary) Tax Escrow? Yes □ No □	\$	\$	\$	
HOUSING	Property Taxes (if no tax escrow)	\$	\$	\$	
НÖ	Home Insurance (if no tax escrow)	\$	\$	\$	
	2nd Mortgage / Home Equity Loan	\$	\$	\$	
	Association Fees/Dues	\$	\$	\$	
	Car Payment(s)	\$	\$	\$	
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B)	Food	\$	\$	\$	
	Child Care/Tuition	\$	\$	\$	
B	Credit Cards	\$	\$	\$	
CUR	Loans from friends/relatives	\$	\$	\$	
UNSECURED	Loans from banks/credit unions	\$	\$	\$	
5	Student Loans	\$	\$	\$	
8 S	Income Taxes	\$	\$	\$	
OTHER TAXES	Property Taxes (real estate, etc.)	\$	\$	\$	
0 +	Business Taxes	\$	\$	\$	
	Other Expenses	\$	\$	\$	
	TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$		



TAX IS	SSUES					
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 Y	es, for which year(s)?				
Amount(s) owed: \$ Ha	ave you establishe	d a payment plan? ☐ Yes ☐ No				
Please explain:						
LEGAL	ISSUES					
Are you or your spouse/partner being sued by anyone?	'es □ No If Yes	, please explain below				
Amount: \$ Reason:	Amount: \$ Reason:					
Are you in the process of or planning to file for divorce? ☐ Yes ☐ No						
Please explain:						
BANKRUP	TCY FILING					
Have you or your spouse filed for bankruptcy in the past?	☐ Yes ☐ No					
If Yes, Type of Bankruptcy Filed:	Year I	Filed:				
Are you or your spouse/partner in the process of or planning	to file for bankru	ptcy? ☐ Yes ☐ No				
Please explain:						
Co-signer Signature		_ Date _				



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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	Data	
Co-Borrower Signature:	Date:	