



Coronavirus/COVID-19 EMERGENCY LOAN APPLICATION

All loan applicants must:

- Live in Northeast Ohio.
- Have the ability to repay the loan on a monthly basis.
- If married, apply with spouse/partner as co-applicant. A co-applicant may also be appropriate in other situations.
- Have been financially impacted by the current pandemic.

Other important things to know:

- ❖ Credit will be checked for all applicants and co-applicants with an emphasis on payment history, not a three digit score.
- ❖ The maximum loan amount is \$1,500.
- ❖ Upon approval, monthly repayments of \$100 will commence in approximately 60 days.
- ❖ If you do not qualify for this emergency loan, or need more funds (up to \$10,000) you may be eligible to apply for our standard interest free loan with a guarantor.

The entire application must be completed as thoroughly as possible, so please take your time! In addition to this application, we also require some supporting documents. Please use the following as a checklist when preparing your application:

Required Documents for Applicant & Co-Applicant	Included
Proof of current income – most recent paystubs (2) or award letter	<input type="radio"/>
Most recent bank statement (all pages)	<input type="radio"/>
Most recent 1040 (first two pages) or tax transcript. W-2 will not be accepted	<input type="radio"/>
A letter of explanation for the loan request-refer to next page	<input type="radio"/>

Completed applications (along with supporting documents and co-applicant supporting documents) may preferably be submitted through email or fax. In person at our office is acceptable if absolutely necessary. See our contact information below.

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team@interestfree.org www.interestfree.org

LETTER OF EXPLANATION

Like every interest free loan applicant before you, you are experiencing some type of financial burden. This is stressful for most people. The good thing is that you are taking a serious step toward solving whatever hardship you are facing. The purpose of this letter is to help us understand your situation. As a relationship lender, we care about your personal story when considering your application. Further, the overall benefits of this type of writing are tremendous. You can write on this page or a separate piece of paper. If you are inclined to write extensively, please do so-even if it's just for yourself! If you need to do this verbally, just let us know.

Please explain how you have been financially impacted by the current Coronavirus/COVID-19 pandemic.



Standard Loan Application

Amount Requested: \$ _____ Need for loan: _____ How did you learn about us: _____

Last Name	First	Date of Birth(MM/DD/YYYY)	Social Security #
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Previous Name(s) if Applicable

Phone #(s)	Email	Best way and time to reach you
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Address	City	Postal (Zip) Code	# Years at address	# Years in Ohio
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Previous Address	City	Postal (Zip) Code	# Years at address
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Current Employer	Occupation/Title	Employer Phone #	# Years at job
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Employer Address

Co-applicant/Spouse/Partner's Last name	First	Date of Birth(MM/DD/YYYY)	Social Security #
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Co-applicant/Spouse/Partner's Previous Name(s) if Applicable

Co-applicant/Spouse/Partner's Phone #(s)	Email	Best way and time to reach you
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Co-applicant Address (if different from other applicant)	City	Postal (Zip) Code	# Years at address	# Years in Ohio
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Co-applicant/Spouse Partner's Current Employer	Occupation/Title	Employer Phone #	# Years at job
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Employer Address

Marital Status: Single Married Divorced Separated Widow/Widower Spouse/partner
 Household Type: 2 Parent Household Single Parent Household Single Adult 2 or more adults (no dependents in home)
 Dependents (*write-in age*) _____
 Gender: Female Male Nonbinary/Gender nonconforming Other: _____
 Co-applicant/Spouse/Partner: Female Male Nonbinary/Gender nonconforming Other: _____
 *Race/Ethnicity: _____ Co-applicant/Spouse/Partner: _____
 *Religion: _____ Co-applicant/Spouse/Partner: _____

***This data is optional, but it helps ensure that we are serving ALL communities in Northeast Ohio.**

HOUSEHOLD BUDGET

MONTHLY INCOME	BORROWER	CO/SPOUSE/PARTNER
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

Housing Expenses

Rent/Mortgage		
2nd Mortgage/Home Equity Loan		
Property Taxes (if not included in mortgage)		
Homeowner's Insurance (if not included in mtg.)		
Homeowner's Association Fees		
Utilities (electric, gas, water, sewer)		
Cell Phone/Home Phone		
Internet/Cable		

Personal Expenses

Food (Groceries)		
Toiletries/Clothing		
Pet Care		
Recurring donations/tithes		

Transportation

Car Payment		
Gasoline		
Public Transportation		

Insurance

Auto Insurance		
Healthcare Premium (if not taken out of pay)		
Life Insurance		

Medical

Prescriptions		
Medical/Dental Bill Pymt. Plan		

Childcare

Daycare/Babysitter (monthly)		
Before/Aftercare (monthly)		

Educational Expenses

Tuition		
School Supplies		
Extra curricular lessons (swim, dance, sports...)		

Debts

Total minimum monthly credit card payments		
Total minimum monthly student loan payments		
Total minimum monthly personal loan payments		
Other		

Taxes

Income Taxes		
Business Taxes/Addtl Real Estate Taxes (ex: rental prop.)		

For Office Use:

Monthly Net Income	
Monthly Expenses	
Proposed HFLA Payment	
Remainder	



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: _____

Did you apply to a bank or another source for a loan? Yes No If no, please explain why _____

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

Other Debt/Asset Information:

Home Purchase Price \$ _____ Year Purchased _____ Unpaid Mortgage Balance \$ _____

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

FINANCIAL WELL BEING SURVEY

Please fill out this brief questionnaire to help us serve our borrowers as effectively as possible! Be honest; your answers do not affect your loan application—they are simply for data tracking.

The first two questions refer to a scale of 1 to 5, with 1 being the lowest and 5 being the highest.

1. Circle how stressed you are about your personal finances:

1 2 3 4 5

2. Circle the level of knowledge you feel that you have in regards to personal finances:

1 2 3 4 5

3. Do you currently have a savings account? _____

4. Do you make regular deposits into your savings account? _____

5. Do you regularly check your credit report/score? _____

6. Do you know what your credit score is right now? (Do not indicate what it is.) _____

7. Do you have any financial goals? What are they? _____

Applicant Signature _____ Date _____

Co-Applicant Signature (if applicable) _____ 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.

Applicant Signature _____ **Date** _____

Co-Applicant Signature (if applicable) _____ **Date** _____