Loans are need based, not merit based
The maximum loan request is $5,000 (a student may reapply as needed as long as his/her outstanding loan balance does not exceed $5,000)
One cosigner living in Northeastern Ohio is required
Loans are for full-time and part-time graduate students
The graduate student must submit the following information for a complete application package

<table>
<thead>
<tr>
<th>Required Documents for applicant</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed application forms</td>
<td></td>
</tr>
<tr>
<td>Completed Financial Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Letter of acceptance from College</td>
<td></td>
</tr>
<tr>
<td>Financial Award Letter</td>
<td></td>
</tr>
<tr>
<td>SARS/FAFSA Report</td>
<td></td>
</tr>
<tr>
<td>Documented list of expenses</td>
<td></td>
</tr>
<tr>
<td>If employed: current paystub &amp; most recent 1040</td>
<td></td>
</tr>
<tr>
<td><strong>Required documents for co-signers</strong></td>
<td>Included</td>
</tr>
<tr>
<td>Completed co-signer forms</td>
<td></td>
</tr>
</tbody>
</table>

Once a completed application is received an interview for the applicant will be scheduled with the loan committee.
Requests are reviewed monthly.
While enrolled in school, the repayment will be $100 per month. Once this status changes, the loan balance converts to regular loan terms and those repayment terms apply.
The student is required to submit proof of status twice a year.

(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 email team@hflaclev.org.
# HFLA Graduate Loan Application

**23300 Chagrin Blvd. Suite 204, Beachwood, OH 44122**  
**T: 216-378-9042 | F: 216-378-9007 | team@hflaclev.org**

## Graduate Loan Application

**Amount Requested:** $ (max $5,000)  
**Application No.: ____________ (for office use only)**

<table>
<thead>
<tr>
<th>Applicant’s Last Name</th>
<th>First Name</th>
<th>Date of Birth (DD/MM/YY)</th>
<th>Social Security #</th>
<th>Driver’s License #</th>
</tr>
</thead>
</table>

**Previous Name(s) if Applicable**

<table>
<thead>
<tr>
<th>Spouse/Partner’s Last Name</th>
<th>First Name</th>
<th>Date of Birth (DD/MM/YY)</th>
<th>Social Security #</th>
<th>Driver’s License #</th>
</tr>
</thead>
</table>

**Previous Name(s) if Applicable**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Postal (Zip) Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous Address</th>
<th>No. of Years at this address</th>
<th>No. of years in Ohio</th>
<th>No. of Years at previous address</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

**Marital Status:**  
- [ ] Single  
- [ ] Married  
- [ ] Divorced  
- [ ] Separated  
- [ ] Widow/Widower  
- [ ] Spouse/partner

**Household (HH) Type:**  
- [ ] 2 Parent HH  
- [ ] Single Parent HH  
- [ ] Single Adult  
- [ ] 2 or more adults

<table>
<thead>
<tr>
<th>Dependents (Age &amp; Gender)</th>
<th>M/F</th>
<th>M/F</th>
<th>M/F</th>
<th>M/F</th>
<th>M/F</th>
</tr>
</thead>
</table>

**Applicant’s Occupation**  
**Employer**  
**Phone No.**

**Employer’s Address**  
**Monthly Gross Salary**  
**How long at this job?**

<table>
<thead>
<tr>
<th>Spouse’s Occupation</th>
<th>Employer</th>
<th>Phone No.</th>
</tr>
</thead>
</table>

**Employer’s Address**  
**Monthly Gross Salary**  
**How long at this job?**

**Other Income Sources**  
Check any of the following income sources that you receive:  
- [ ] Social Security/Disability (SELF)  
- [ ] Social Security/Disability (DEPENDENTS)  
- [ ] Child Support/Alimony  
- [ ] Pension/Retirement  
- [ ] OWF (Cash Assistance)  
- [ ] Unemployment  
- [ ] 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 aid letter or are not accepting financing offer to you please explain why on next page)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

HFLA Graduate Loan Application
**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**

<table>
<thead>
<tr>
<th>Vehicle 1</th>
<th>____________________________</th>
<th>Model</th>
<th>_________________________</th>
<th>Make</th>
<th>_________________________</th>
<th>Year</th>
<th>____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance of loan</td>
<td>$ ____________</td>
<td>Monthly payments</td>
<td>$ ____________</td>
<td>With which institution?</td>
<td>___________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle 2</td>
<td>____________________________</td>
<td>Model</td>
<td>_________________________</td>
<td>Make</td>
<td>_________________________</td>
<td>Year</td>
<td>____________</td>
</tr>
<tr>
<td>Balance of Loan</td>
<td>$ ____________</td>
<td>Monthly payments</td>
<td>$ ____________</td>
<td>With which institution?</td>
<td>___________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Cash &amp; Investment Assets (e.g. stocks, cash, investments)</th>
<th>___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Assets (e.g. vacation property)</td>
<td>___________________________</td>
</tr>
<tr>
<td>Assets in Other countries (include all details)</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

**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: | ____________________________________________ |
### Applicant Name:

<table>
<thead>
<tr>
<th>MONTHLY INCOME</th>
<th>BORROWER</th>
<th>SPOUSE/PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary / Commission</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Soc Sec / Disability / Workers Comp</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retirement / Pension Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support / Alimony</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL MONTHLY HOUSEHOLD INCOME** $ Gross Net

### Housing Expenses

- Rent/Mortgage
- 2nd Mortgage/Home Equity Loan
- Property Taxes (if not included in mortgage)
- Homeowner’s Insurance (if not included in mortgage)
- 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/Addt’l Real Estate Taxes (ex: rental prop.)

---

**For Office Use:**

- Monthly Net Income
- Monthly Expenses
- Proposed HFLA Payment
- Remainder
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 _____________
Our Privacy Policy

We collect non-public personal information about you from the following sources:

- Information we receive from you on loan applications, and government issued personal identification
- Information we receive from your co-signers
- Information about your transactions with us or others
- Information we receive from a credit reporting agency

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

We will continue to adhere to the privacy policies and practices as described in this notice even after the time you satisfy your loan obligation to us.

We restrict access to your personal information to those who need to know that information to provide services to you. We maintain procedural, physical and electronic safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal information is safe. If you have any questions or concerns, please contact us.

Signature: ______________________________________

______________________________

Date: ________________________________

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