



**Newton and Rochelle Becker
Graduate Student Loan Guidelines**

- 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

| Required Documents for applicant | Included |
|---|--------------------------|
| Completed application forms | <input type="checkbox"/> |
| Completed Financial Questionnaire | <input type="checkbox"/> |
| Letter of acceptance from College | <input type="checkbox"/> |
| Financial Award Letter | <input type="checkbox"/> |
| SARS/FAFSA Report | <input type="checkbox"/> |
| Documented list of expenses | <input type="checkbox"/> |
| If employed: current paystub & most recent 1040 | <input type="checkbox"/> |
| Required documents for co-signers | Included |
| Completed co-signer forms | <input type="checkbox"/> |

- 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 .

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Tel: 216-378-9042 Fax: 216-378-9007
team@hflaclev.org www.hflaclev.org



| | | | | | |
|---|----------------------|----------------------------------|--------------------------|--|-----------------------|
| Graduate Loan Application | | | | Application No.: _____ (for office use only) | |
| Amount Requested: \$ _____ (max \$5,000) | | | | | |
| 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: _____

Applicant Name:

| MONTHLY INCOME | BORROWER | 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: _____

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: _____