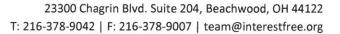# HFLA
of Northeast Ohio

Education Loan Application

- Loans are need based, not merit based.
- The maximum loan request is $7,500 for one school year.
- Checks are made out directly to the school (with the exception of special circumstances)
- Students can fill out a "refill" application for additional funds in the future, if needed.
- 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. A previous co-signer or a new co-signer will be required for subsequent requests.
- 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	
Student Account Summary - we need to see all charges, payments, and remaining balance for the semester(s) you're requesting the loan. Pretend you were trying to pay it in cash. How would you find out how much you owe?	

- 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 .

Education Loan Application

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

Last Name	First

Previous Name(s) if Applicable	Gender [ ] Female [ ] Male [ ] Nonbinary/Gender nonconforming

Date of Birth(MM/DD/YYYY)	Social Security #

Phone #(s)	Email (**Not** college/ university account)	Best way and time to reach you

Address	City	Postal (Zip) Code	# Years at address	# Years in Ohio

Previous Address	City	Postal (Zip) Code	# Years at address	

Current Employer	Occupation/Title	# Years at job

Employer Address	Employer Phone #

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)

Number of dependents _____

Do you rent or own (please pick one): [ ] Rent [ ] Own

Spouse Section (don't fill out if spouse is cosigner)

Spouse's Last name	First

Spouse's Previous Name(s) if Applicable	Gender [ ] Female [ ] Male [ ] Nonbinary/Gender nonconforming

Date of Birth(MM/DD/YYYY)	Social Security #

Phone #(s)	Email	Best way and time to reach you

Address (if different from other applicant)	City	Postal (Zip) Code	# Years at address	# Years in Ohio

Current Employer	Occupation/Title	# Years at job

Employer Address	Employer #

School Information

Who will be making monthly loan repayments? [ ] Student	[ ] Cosigner

School attending:	Major/Degree Program

[ ] Full time [ ] Part time	Year in school	Expected graduation date

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)

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? _____

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: _____

_____

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: _____

HOUSEHOLD BUDGET

NET MONTHLY INCOME (AFTER TAXES)	BORROWER	CO/SPOUSE/PARTNER
Salary / Commission	$	$
Soc Sec / Disability / Workers Comp	$	$
Retirement / Pension Benefits	$	$
Child Support / Alimony	$	$
Other Income: Type? _____	$	$
TOTAL MONTHLY INCOME	$	

Monthly Bills

Rent/Mortgage		
2nd Mortgage/Home Equity Loan		
Property Taxes (if not included in mortgage)		
Homeowner's Association Fees		
Utilities (electric, gas, water, sewer)		
Cell Phone/Home Phone		
Internet/Cable		
Subscription Services		
Car Payment		
Public Transportation		
Gasoline		
Healthcare Premium (if not taken out of pay)		
Medical/Dental Bill Pymt. Plan		
Daycare/Babysitter (monthly)		
Before/Aftercare (monthly)		
Auto Insurance		
Homeowner's Insurance (if not included in mtg.)		
Life Insurance		
Other:_____		

Monthly Necessities

Food (Groceries)		
Food (restaurants, takeout, food delivery)		
General Shopping (clothing, household items, toiletries, etc)		
Personal Care (grooming, hair salon, etc)		
Pet Care		
Prescriptions		
Other:_____		

Debts

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

Taxes

Income Taxes		
Business Taxes/Addt'l Real Estate Taxes (ex: rental prop.)		

Other

Extra curricular lessons (swim, dance, sports...)		
School Supplies		
Tuition		
Recurring donations/tithes		
Entertainment/Recreation		
Other:_____		

Long-term Saving Goals

Total Monthly Net Income (for the household)	
Monthly Expenses	
Remainder	

Do your budget categories match your account spending?_____

Does your budget show that you can afford repayments to HFLA?_____

HFLA
of Northeast Ohio

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 _____

HFLA
of Northeast Ohio

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: _____