



Co-signer Application

Required Documents for Co-signer:

Most recent 1040 (first two pages) or tax transcript. W-2 NOT accepted
Proof of all income you would like to claim – most recent paystubs (2), award letter, child support, etc.
If the cosigner will be making payments, please include most recent monthly transaction statement from spending account (all pages). Ex: bank statement, credit card statement, direct deposit card, cashapp, etc. You will need this to fill out the budget sheet on page 4.

Co-signer acknowledgment of responsibility

HFLA is considering an application for _____(Student) for an interest free education loan for which you will be a co-signer. If the loan is approved, it will be conditioned on your responsibility to repay any part of the debt if it is not paid by the borrower.

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.

Printed Name: _____

Signature: _____

Date: _____

Completed applications may be submitted through email, fax, or mail. If necessary, in **person by appointment only** at our office. See our contact information below.

23300 Chagrin Blvd. Suite 204, Beachwood, OH 44122
Call: 216-378-9042 | Fax: 216-378-9007
team@interestfree.org



| | | | | |
|--|--|---|--------------------------------|-----------------|
| Co-signer Application | | | | |
| Name of Education Loan Applicant: _____ | | | | |
| Who will be making monthly loan payments? (<i>Bank statement is required from selected party</i>) <input type="checkbox"/> Student <input type="checkbox"/> Cosigner | | | | |
| Co-signer Last Name | | First Name | | |
| Previous Name(s) if Applicable | | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary/Gender nonconforming Pronouns: | | |
| 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: <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 Type: <input type="checkbox"/> 2 Parent Household <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more adults (no dependents in home) | | | | |
| Number of dependents _____ | | | | |
| Do you rent or own (please pick one): <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lives with relatives | | | | |

| | | | | |
|--|-------|-------------------|--------------------------------|--|
| Spouse Section | | | | |
| Spouse's Last name | | First Name | | |
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary/Gender nonconforming | | | | |
| Phone #(s) | Email | | Best way and time to reach you | |
| Address (if different from other applicant) | City | Postal (Zip) Code | | |
| Current Employer | | Occupation/Title | # Years at job | |
| Employer Address | | Employer # | | |

HOUSEHOLD BUDGET

| NET MONTHLY INCOME (AFTER TAXES) | CO-SIGNER | 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/Add'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? [] Yes [] No

Does your budget show that you can afford repayments to HFLA? [] Yes [] No

HFLA FINANCIAL QUESTIONNAIRE

Please answer **ALL** questions on this page

| | | |
|---|---|--|
| TAX ISSUES | | |
| Do you or your spouse/partner have any un-filed tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below | | |
| Do you or your spouse/partner owe any amounts for taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for which year(s)? | | |
| Amount(s) owed: \$ | Have you established a payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please explain: | | |
| LEGAL ISSUES | | |
| Are you or your spouse/partner being sued by anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below | | |
| Amount: \$ | Reason: | |
| Are you in the process of or planning to file for divorce? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please explain: | | |
| BANKRUPTCY FILING | | |
| Have you or your spouse filed for bankruptcy in the past? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please explain: | | |

| | | |
|---|---------------------------------|----------------------|
| HOUSING | | |
| <i>If Mortgage:</i> Mortgage Servicer | Year Purchased | |
| Home Purchase Price \$ | Current Value \$ | |
| Unpaid Mortgage Balance \$ | Monthly Mortgage Payment \$ | |
| Taxes/Insurance Included <input type="checkbox"/> Yes <input type="checkbox"/> No | If not included: Tax Payment \$ | Insurance Payment \$ |
| <i>If Renting:</i> Name of Landlord | Monthly rent \$ | Term of lease |
| DEBTS & ASSESTS | | |
| Vehicle Year | Make | Model |
| Balance of loan \$ | Monthly payments \$ | Loan Servicer |
| Do you have any payday loans outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | |

Co-signer 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 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.

Co-signer Signature: _____ Date: _____