



BORROWER APPLICATION FORM

Please print all information legibly:

Name _____ Date of Birth ____/____/____

Address _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Social Security # _____

How long have you lived in the area? _____ At current residence since _____

Do you Own Rent Monthly Housing Expense (rent or mortgage) \$ _____

Marital Status Single Married Widowed Divorced

Number of Dependents _____ Ages of Dependents _____

Are you Jewish? _____ Or, if not Jewish, closely aligned to the Jewish community? Describe _____

Have you ever been a borrower from Hebrew Free Loan? Yes No If yes, when _____

Reason for prior loan _____

Has a family member ever borrowed from Hebrew Free Loan of Greater Philadelphia? Yes No

Name _____ Relationship to you _____

Have you ever been a guarantor for Hebrew Free Loan? Yes No

If yes, for whom _____

How much do you want to borrow? _____ Reason for loan _____

How did you learn about Hebrew Free Loan? _____

EMPLOYMENT INFORMATION

Occupation _____ Employer _____

If not employed, are you a student stay-at-home parent retired other, please explain _____

Work Address _____

City _____ State _____ Zip Code _____

Work email _____ Work phone _____ # of years at job _____

Paid Weekly Bi-Monthly Monthly Gross Pay \$ _____

CLOSE FRIEND OR FAMILY MEMBER (NOT YOUR GUARANTOR) WHO KNOWS WHERE TO FIND YOU:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Relationship to You _____

I certify the information given is true and correct.

Signature _____ Date ____/____/____

Return this completed form along with a copy of your driver’s license or government issued photo ID to

info@hflphilly.org or mail to Hebrew Free Loan Society of Greater Philadelphia, PO Box 298, Wynnewood, PA 19096

<p>For Office Use Only:</p> <p>Application # _____ Date Received _____ Loan Intake Officer _____</p> <p>Notes _____</p>

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