



## Hebrew Free Loan Association of Miami

Greater Miami Jewish Federation • Stanley C. Myers Building • 4200 Biscayne Blvd, Miami, FL 33137  
www.hebrewloan.org • Telephone: 305-692-7555 • Fax: 305-396-5859

### LOAN APPLICATION FORM (PLEASE TYPE OR PRINT LEGIBLY)

Loan Amount Requested: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Borrower's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida ZIP: \_\_\_\_\_ Residing at Address Since: \_\_\_\_\_

Florida Resident Since: \_\_\_\_\_ Relocated From: \_\_\_\_\_  Own  Rent

Home Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FL Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a U.S. Citizen or Permanent Resident? *Please underline*

Migrated From: \_\_\_\_\_ Residing in the U.S. Since: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida ZIP: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Annual Gross Salary: \$ \_\_\_\_\_ Annual Monthly Salary: \$ \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

Dates of Previous Employment: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widow(er)

Spouse's Name: \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

From what income will you repay this loan? \_\_\_\_\_

Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Acct #: \_\_\_\_\_

Have you ever received a loan from HFLA?  Yes  No Have you ever co-signed a HFLA loan?  Yes  No

**I/We have read and understand the above paragraphs and, to the best of my/our knowledge, the information I/we have provided is truthful and accurate.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Microbilt Credit Report Authorization Form

The undersigned hereby consents and authorizes the Hebrew Free Loan Association of Miami to contact Microbilt Corporation for a current credit report and to update this report as deemed necessary.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HFLA understands that all information it requests or receives is strictly confidential.**



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### CO-SIGNER APPLICATION FORM (PLEASE TYPE OR PRINT LEGIBLY)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Borrower's Name: \_\_\_\_\_

Co-Signer's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida ZIP: \_\_\_\_\_  Own  Rent

Residing at Address Since: \_\_\_\_\_ Florida Resident Since: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ FL Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a U.S. Citizen or Permanent Resident? *Please underline*

Relationship to Applicant: \_\_\_\_\_

Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida ZIP: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Acct #: \_\_\_\_\_

Have you ever received a loan from HFLA?  Yes  No Have you ever co-signed a HFLA loan?  Yes  No

**I/We have read and understand the above paragraphs and, to the best of my/our knowledge, the information I/we have provided is truthful and accurate.**

**Co-Signer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

#### Microbilt Credit Report Authorization Form

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**Co-Signer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**HFLA understands that all information it requests or receives is strictly confidential.**