

PLEASE PRINT CLEARLY IN BLOCK LETTERS RESPONSES ARE REQUIRED FOR ALL QUESTIONS

675 Third Ave, Suite 1905 New York, NY 10017 Phone: (212) 687-0188 Fax: (212) 682-1120 Email: loan@HFLS.org www.HFLS.org

Amt. Requested	
Date	

#### FOR HFLS USE ONLY

Loan Officer Initials	
Amount Approved	
Approval Date & Initials	
Program/Fund	

# Health Care Loan Application

Legal Name	S.S. Num	S.S. Number Date	
Street, Apt #, City, State, Zip Code			
Home Phone	Cell Phone	Email A	Address
Marital Status (check one):	Married Divorced	Separated	Widowed
# of Dependents & Their Ages		₹	# of People in Household
Occupation/Job Title			Annual Income \$
Employer/Business Name		Sta	rt Date (Month/Year)
Business Address		]	Business Phone
Immigration information is for HFLS use	only and will not be shared with	h other organiza	tions. Country of Birth
Status Upon Entry to the US:	Political Asylum      Touri	st Visa 🔲 Gre	en Card Year of Arrival in US:
Loan Purpose & Related Circumstances			
How did you hear about Hebrew Free Loan	Society ?		
Spouse Legal Name	S.S. ]	Number	Date of Birth
Cell Phone	Email Address _		
Occupation/Job Title			Annual Income \$
Employer/Business Name		Sta	rt Date (Month/Year)
Business Address			Business Phone
Immigration information is for HFLS use only and will not be shared with other organizations. Country of Birth			
Status Upon Entry to the US:  Refugee	Political Asylum      Touri	st Visa 🔲 Gre	en Card Year of Arrival in US:
-			

# By submitting this form, you are acknowledging that you understand it is a crime to knowingly make any false statements concerning any of the above facts.

<u>Credit Report & Verification</u>: By signing below, you authorize us to obtain your credit report. If you ask, we will tell you if a report has been obtained and the name and address of the agency furnishing the report. You also authorize anyone named in this application or on any credit report we obtain regarding you to verify any information given in this application or on the credit report.

Borrower 's Signature

Date

Spouse's Signature

Date

Hebrew Free Loan Society				
C#1		C#2		

### PROUD PARTNER UJA FEDERATION NEW YORK

### HEBREW FREE LOAN SOCIETY GUARANTOR FORM

Name of the person whose loan you are seeking to guarantee:				
Legal Name			S.S. #	Date of Birth
Street, Apt #, City, State, Zip	Code			
Marital Status (check one):	Single Married	Divorced	Separated	Widowed
Home Phone	Cell Phone		Email	Address
# of Dependents & Their Age	es			# of People in Household
Occupation/Job Title				Annual Income \$
Employer/Business Name				Start Date (Month/Year)
Business Address			Bu	siness Phone
Immigration information is	for HFLS use only. Citizensh	ip Status: 🔲	Citizen 🗖 P	ermanent Resident Other
Relationship to Borrower				
Spouse Legal Name			S	.S.#
Date of Birth	Cell Phone		Emai	Address
Occupation/Job Title				_Annual Income \$
Employer/Business Name				_Start Date (Month/Year)
Business Address			B	usiness Phone
Immigration information is	for HFLS use only. Citizensh	ip Status: 🔲	Citizen 🗖 P	ermanent Resident Other

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Guarantor's Signature	Date	Spouse's Signature	Date

You may return this form directly to the Hebrew Free Loan Society at the address, email address, or fax number indicated below, or return the form to the loan applicant for whom you are serving as guarantor.

\* Hebrew Free Loan Society \* 675 Third Ave, Suite 1905 \* New York, NY 10017 \*
\* Phone: (212) 687-0188 \* Fax: 212-682-1120 \* Email: loan@HFLS.org \* Website: www.HFLS.org \*





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Name of the person whose loan you are seeking to guarantee:				
Legal Name		S.S. #	Date of Birth	
Street, Apt #, City, State, Zip	Code			
Marital Status (check one):	Single Married	Divorced Separated	Widowed	
Home Phone	Cell Phone	Email A	ddress	
# of Dependents & Their Ages	3	#	of People in Household	
Occupation/Job Title		A	nnual Income \$	
Employer/Business Name		Sta	art Date (Month/Year)	
Business Address		Busin	ness Phone	
Immigration information is f	or HFLS use only. Citizenship S	Status: 🔲 Citizen 🔲 Per	manent Resident Other	
Relationship to Borrower				
Spouse Legal Name		S.S.	#	
Date of Birth	Cell Phone	Email A	Address	
Occupation/Job Title			Annual Income \$	
Employer/Business Name		S	tart Date (Month/Year)	
Business Address		Bus	iness Phone	
Immigration information is f	or HFLS use only. Citizenship S	Status: 🔲 Citizen 🔲 Per	manent Resident  Other	

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### Hebrew Free Loan Society, Inc.

### **Privacy Policy**

The Hebrew Free Loan Society (HFLS) is a nonprofit organization that makes interest-free loans to deserving individuals in the New York City area. HFLS observes all state and federal requirements regarding the confidentiality and safeguarding of the personal information of its borrowers, guarantors, and employees.

Federal law requires HFLS to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

We collect your personal information when you apply for a loan or provide a guaranty for a loan. We may also collect your personal information from credit bureaus. The types of personal information we collect on our borrowers and guarantors can include: Social Security number, address, telephone number, income, credit history, and credit scores.

HFLS keeps confidential the personal information regarding its borrowers, guarantors, and employees except to the extent required by law (e.g. in response to court orders or legal investigations) or for our everyday business purposes, such as to report to credit bureaus (for small business loans only), process your transactions, enforce your obligations, or maintain your accounts.

To protect personal information from unauthorized access and use, we use security measures that comply with state and federal law. These measures include computer safeguards and secured files. Our staff is trained to not disclose personal information unless in compliance with this policy.

If you have questions about our privacy policy, please call (212) 687-0188 or email info@hfls.org.