

Tarrant County Hebrew Free Loan Association
4049 Kingsridge Road
Fort Worth, TX 76109
(tchfla@yahoo.com)

LOAN APPLICATION RULES AND GUIDELINES

1. THE FULLY COMPLETED APPLICATION AND PROMISSORY NOTE MUST BE PRESENTED ^{in person, by email or mailed back} before the loan can be processed. All business is by appointment. In most cases, loan processing will be completed within seven (7) business days. **THE BORROWER WILL BE REQUIRED TO PICK UP THE CHECK FOR THE LOAN IN PERSON.** No funding of a loan will take place in less than two (2) business days.
2. **This maximum loan amount is \$5,000.00 (Please do not apply for more than is actually needed).** A minimum of two (2) qualified Co-Signers are required for all loans. **Additional Co-Signers may be required should the Loan Committee deem it necessary.**
3. **Borrower Qualifications**
 - a. Must be of the Jewish faith.
 - b. Must have a legitimate need.
 - c. Must be at least eighteen (18) years of age.
 - d. Has resided in the Tarrant County area for a minimum of six (6) months.
 - e. **THE SPOUSE OF THE BORROWER WILL ALSO BE REQUIRED TO COMPLETE THE APPLICATION AND SIGN THE PROMISSORY NOTE, AS A CO-APPLICANT/BORROWER.**
 - f. Has satisfactorily paid in full any prior loan from the Association.
 - g. Is not currently a Co-Signer on another Hebrew Free Loan Promissory Note.
 - h. Is not in or considering bankruptcy.
4. **Co-signer Qualifications**
 - a. Must be at least twenty-one (21) years of age.
 - b. Preferably be of the Jewish faith.
 - c. Preferably has resided in the Tarrant County area for a minimum of one (1) year.
 - d. Is established, creditworthy, and **must be capable of repayment of the full amount of the loan** should the Borrower for any reason fail to do so. The Co-Signer must give written consent authorizing the Association to obtain a credit report.
 - e. Co-Signers may not be a rabbi, cantor, director of a Jewish institution, or a Jewish communal professional.
 - f. Co-Signers may not be a person living solely on a fixed income such as social security or welfare.
 - g. Is not already a Borrower on another Hebrew Free Loan.
5. The Borrower will be expected to pay off the note within an agreed to period not to exceed thirty six (36) months, in equal monthly installments, commencing approximately one month after receiving the loan. The specific terms will be determined by the Loan Committee upon approval of the loan and will be specifically stated in the Promissory Note.
6. **PROCESSING STEPS TO FOLLOW:**
 - a. Applicant should fully complete his/her portion of the Loan Application (including personal reference section). Applicant should then sign the Promissory Note (a spouse is required to be an additional Applicant/Borrower). The specific terms of the Promissory Note (commencement date and payment amounts) should be left blank until the interview.
 - b. Co-Signers should fully complete their portion of the Loan Application. Co-Signers should then sign the Promissory Note and the Co-Signer Information Release Authorization.
 - c. **When (a.) and (b.) are complete,**
 - **Applicant should mail the application to the address listed above, AND**
 - **Send an email to tchfla@yahoo.com notifying the TCHFLA that an application has been mailed (do not scan/email the application).**Upon receipt of the application, someone with TCHFLA will contact you for an interview.

TARRANT COUNTY HEBREW FREE LOAN ASSOCIATION

APPLICANT INFORMATION

APPLICANT PLEASE READ BEFORE FILLING IN THIS FORM:

Please make every effort to give accurate information. Should it be determined that there has been a deliberate omission of pertinent information, or any willful misrepresentation on this form, you will not be granted this loan or any future loans from this organization.

DATE: _____ Are you of the Jewish Faith?

Yes	No
Yes	No
Yes	No

 When? _____
 _____ Have you ever applied for a loan from the TCHFLA? _____
 _____ Have you ever received a loan from the TCHFLA? _____
 From whom did you hear about the Tarrant County Hebrew Free Loan Association: _____

PRINT NAME (First)	(Middle)	(Last)	Age	Birth Date	Soc. Security No.	Driver's License #
--------------------	----------	--------	-----	------------	-------------------	--------------------

Address: (No. & Street) _____ (City) _____ (Zip Code) _____ Phone No. _____ How long at current address? _____ years

In Tarrant area since	Formerly from	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Immigrated from	In U.S. since
-----------------------	---------------	--	-----------------	---------------

Landlord/Mortgage Holder (indicate which) Address and Phone No. _____ Rent/Mortgage Payment \$ _____

Previous Address _____ How long at previous address? _____ years

Applicant's Employer _____ Employer's Address _____ Employer's Phone _____

Occupation and Job Title: _____ Email Address: _____

Take Home Pay \$	<input type="checkbox"/> Per week <input type="checkbox"/> Per month	How long employed? _____ Years	Source of other income; child support, alimony, etc.
------------------	---	--------------------------------	--

Previous Employer _____ How long employed? _____ years

Applicant's Marital Status (check one): Single Married Divorced Separated Widowed

Spouse/Co-Applicant's Name	Age	Birth Date	Soc. Security No.	Driver's License #
----------------------------	-----	------------	-------------------	--------------------

Spouse/Co-Applicant's Employer _____ Employer's Address _____ Employer's Phone _____

Take Home Pay \$	<input type="checkbox"/> Per week <input type="checkbox"/> Per month	How long employed? _____ Years	Previous Employer
------------------	---	--------------------------------	-------------------

Dependants	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

BANK	Checking Account No.	Account Balance
------	----------------------	-----------------

Name of Creditor	Account #	LIST OF DEBTS Loan Amount	Monthly Payment	Last Paid	Balance

LOAN AMOUNT DESIRED	PURPOSE OF LOAN
---------------------	-----------------

The above information is for the purpose of obtaining credit, and is warranted to be true and correct. I hereby authorize the Tarrant County Hebrew Free Loan Association and its agents 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 responsibilities. A true and correct copy of this authorization shall be sufficient authorization to any person, company or organization to furnish any information requested. Furthermore, I hereby give my consent to TCHFLA to disclose my prior loan repayment history with the TCHFLA, including any defaults in my prior repayment history, to the individuals I have requested to cosign my loan. Additionally, I have read and understand the Loan Application Rules/Guidelines.

Signature of Applicant _____ Date _____ Signature of Spouse/Co-Applicant _____ Date _____

APPLICANT: PLEASE FILL IN TOP SECTION (References must be different than those listed as Co-Signers)

PERSONAL REFERENCE Name and Address of two family members or friends not living with you who will always know where you live.

Name	Address	City	Phone	Relationship
Name	Address	City	Phone	Relationship

CO-SIGNER CONTACT INFORMATION		CO-SIGNER NO. 1		
PRINT NAME (First)	(Middle)	(Last)		
Address: (No. & Street)		(City)	(Zip Code)	Home Phone No.
Cell Phone No.	Home Email Address:			
Work Email Address				

CO-SIGNER CONTACT INFORMATION		CO-SIGNER NO. 2		
PRINT NAME (First)	(Middle)	(Last)		
Address: (No. & Street)		(City)	(Zip Code)	Home Phone No.
Cell Phone No.	Home Email Address:			
Work Email Address				

CO-SIGNER CONTACT INFORMATION		CO-SIGNER NO. 3		
PRINT NAME (First)	(Middle)	(Last)		
Address: (No. & Street)		(City)	(Zip Code)	Home Phone No.
Cell Phone No.	Home Email Address:			
Work Email Address				

LOAN COMMITTEE COMPLETE

Amount of Loan Requested \$	Amount of Monthly Repayment \$	Date Repayment Commencing
Is Loan to be Co-Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Co-Signers complete application <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Co-Signers sign promissory note <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMITTEE COMMENTS:

LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR REJECTION:
PROCESSED BY:	LOAN COMMITTEE APPROVAL BY:
DATE APPROVED:	_____
CHECK AMOUNT	_____
CHECK NO.	_____

CO-SIGNER APPLICATION & INFORMATION RELEASE AUTHORIZATION

I, the undersigned, have agreed to be a co-signer in conjunction with a proposed loan by the Tarrant County Hebrew Free Loan Association to _____, Borrower. I hereby authorize the Tarrant County Hebrew Free Loan Association and its agents to investigate any references, statements or other data obtained from me or from any other person pertaining to my credit and financial responsibilities. A true and correct copy of this authorization shall be sufficient authorization to any person, company or organization to furnish any information requested.

Co-Signer Name (print)

Signature of Co-Signer

Date

Social Security Number

(- -)

(to be completed by Co-Signer)

--

PRINT NAME (First)	(Middle)	(Last)	Age	Birth Date	Driver's License #
Address: (No. & Street)		(City)	(Zip Code)	Phone No.	How long at current address?
Home email address:					
Co-Signer's Employer		Employer's Address		Employer's Phone	
Occupation and Job Title:			Business Email Address:		

PROMISSORY NOTE

DATE: _____

PRINCIPAL AMOUNT: \$ _____

FOR VALUE RECEIVED, the undersigned hereby promise to pay TARRANT COUNTY HEBREW FREE LOAN ASSOCIATION the principal sum as set forth above in _____ () equal monthly installments of _____ Dollars (\$ _____) commencing on _____, 20__.

The charter of the Tarrant County Hebrew Free Loan Association provides that no interest shall be charged.

It shall be an event of default under this promissory note in the event that the undersigned shall (a) fail to pay any installment of the principal amount when due and payable hereunder or (b) file or have filed against it any petition in bankruptcy, petition for the appointment of a receiver or trustee to undertake to manage its affairs. In the event of such default, the entire principal amount shall immediately become due and payable without notice or demand.

The undersigned hereby waive all presentments, demands for payment, notices for non-payment, protests, notice of protest, dishonor, notice of dishonor, defenses, breach, notice of breach, and notice of acceleration. The failure to undertake to proceed against any previous event of default shall not be deemed to be a waiver of any subsequent default and the acceptance of any sum or payment shall not be construed as an acceptance, waiver or release of any preceding event of default. No payment by the undersigned of a lesser amount than the full amounts due hereunder shall be deemed to be other than on account of the sums due and payable hereunder, nor shall any endorsement or statement on any check or letter accompanying such check or payment be deemed an accord and satisfaction and the acceptance of such check or payment shall be without prejudice to the right to recover the balance of such sums or to pursue any other remedy at law or in equity available for the collection of such sums or payments. The right to proceed against the undersigned shall not require that such action be taken jointly and this promissory note may be enforced against the undersigned without such action being deemed to be an election of remedies or a waiver of any rights and remedies hereunder. The right to proceed shall include, but not be limited to, reasonable collection fees, attorney's fees and court costs through any and all appeals.

This promissory note shall be binding upon and shall inure to the benefit of the successors, assigns, heirs, grantees and beneficiaries of the undersigned named herein.

BORROWER NAME

BORROWER NAME (Spouse/Co-Applicant)

Signature

Signature

Address

Address

City State Zip Telephone

City State Zip Telephone

CO-SIGNER NAME (Please Print)

Signature

Address

City

State

Zip

Telephone

CO-SIGNER NAME (Please Print)

Signature

Address

City

State

Zip

Telephone

CO-SIGNER NAME (Please Print)

Signature

Address

City

State

Zip

Telephone