



**HEBREW FREE  
LOAN SOCIETY**  
— SINCE 1892 —

IMPROVING LIVES THROUGH LENDING

675 Third Ave, Suite 1905

New York, NY 10017

Phone: (212) 687-0188

Fax: (212) 682-1120

Email: securityloans@HFLS.org

www.HFLS.org

Amt. Requested \_\_\_\_\_

Date \_\_\_\_\_

**FOR HFLS USE ONLY**

Amount Approved \_\_\_\_\_

Approval Date & Initials \_\_\_\_\_

Program/Fund \_\_\_\_\_

**PLEASE PRINT CLEARLY IN BLOCK LETTERS**

**RESPONSES ARE REQUIRED FOR ALL QUESTIONS**

## **Security Infrastructure Loan Application**

Institution Legal Name \_\_\_\_\_ EIN \_\_\_\_\_ Website \_\_\_\_\_

Institution Address \_\_\_\_\_

Authorized Representative Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Loan Purpose \_\_\_\_\_

*If your agency has a government security grant:* Grant Award Amount \_\_\_\_\_ Date of Grant Award \_\_\_\_\_

Grant Term \_\_\_\_\_ Name of Granting Agency \_\_\_\_\_

Is your agency affiliated with UJA-Federation of NY?  Yes  No If yes, is your agency a:  Core Partner  Grantee  Both

How did you hear about the HFLS Security Infrastructure Loan? \_\_\_\_\_

**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.**

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

**PROUD PARTNER UJA FEDERATION NEW YORK**

# HEBREW FREE LOAN SOCIETY GUARANTOR FORM

Name of the institution 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  Partnered  Divorced  Separated

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation/Job Title \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Employer/Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

*Immigration information is for HFLS use only.* Citizenship Status:  Citizen  Permanent Resident  Other

Spouse Legal Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation/Job Title \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Employer/Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

*Immigration information is for HFLS use only.* Citizenship Status:  Citizen  Permanent Resident  Other

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Credit Report & Verification: 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.

\_\_\_\_\_  
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: securityloans@HFLS.org \* www.HFLS.org \*

