



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

IMPROVING LIVES THROUGH LENDING

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Email: securityloans@HFLS.org

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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