



Co-signer acknowledgement of responsibility

The HFLA is considering an application for _____
for an interest free education loan on which you will be a co-signer on the promissory note. If the loan is approved, it will be conditioned on your responsibility to repay any part of the debt not paid by the borrower in the event the borrower defaults.

Please complete all the forms below and sign and return a copy of this letter as evidence of your understanding of your responsibility for this obligation. You must include with the forms your **most recent 1040 and most recent Paystub.**

Printed Name: _____

Signature: _____

Date: _____

Required Documentation from co-signer:

Document	Included
Co-signer application form	
Co-signer budget form	
1040 or tax transcript	
Current paystub or proof of income (ex: Award Letter)	
Signed letter of acknowledgement	



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Co-signer Application				Application No.: _____ (for office use only)	
Name of loan applicant: _____					
Co-signer's Last Name		First Name	Date of Birth (DD/MM/YY)	Social Security #	Driver's License #
Previous Name(s) if Applicable _____					
Address			City		Postal (Zip) Code
Previous Address _____					
No. of years at this address	No. of years in Ohio	No. of Years at previous address	Home Phone	Cell Phone	Email
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Spouse/partner					
Household (HH) Type: <input type="checkbox"/> 2 Parent HH <input type="checkbox"/> Single Parent HH <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more adults					
Dependents (Age & Gender) _____ M/F _____ M/F _____ M/F _____ M/F _____ M/F _____ M/F					
Co-signer's Occupation		Employer			Phone No.
Address				Monthly Gross Salary	How long at this job?
Spouse's Occupation		Employer			Phone No.
Address				Monthly Gross Salary	How long at this job?
Financial Statement					
Do you receive any additional sources of income (Social Security, Pension, Child Support/Alimony, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, enter the type and amount received for any income sources checked: _____					
Frequency of Payment (weekly, biweekly, monthly, etc.): _____					
Home Purchase Price \$ _____ Year Purchased _____ Current Value \$ _____					
Unpaid Mortgage Balance \$ _____ Mortgage Servicer? _____					
Monthly Mortgage Payment \$ _____ Taxes/Insurance Included? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not included: Tax Payment \$ _____ Insurance Payment \$ _____					
Monthly rent \$ _____ Term of lease _____ Name of Landlord: _____					
Vehicle 1 _____ Model _____ Make _____ Year _____					
Balance of loan \$ _____ Monthly payments \$ _____ With which institution? _____					
Vehicle 2 _____ Model _____ Make _____ Year _____					
Balance of Loan \$ _____ Monthly payments \$ _____ With which institution? _____					
Cash & Investment Assets (e.g. stocks, cash, investments) _____					
Other Assets (e.g. vacation property) _____					
Assets in Other countries (include all details) _____					
Other loans/debts:					
<input type="checkbox"/> Student Loan(s) Amount Owed: _____ <input type="checkbox"/> Line of Credit Amount Owed: _____ <input type="checkbox"/> Credit Card 1 Amount Owed: _____					
<input type="checkbox"/> Credit Card 2 Amount Owed: _____ <input type="checkbox"/> Other (Please describe) _____					
Relationship to Applicant: <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other (specify): _____					
The above information is for the purpose of obtaining credit and is warranted to be true. I/we agree to pay all bills upon receipt or statement or as otherwise expressly agreed. I/we hereby authorize the person of firm to whom this application is made, any credit bureau or other investigative agency employed by such person 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 responsibility.					
I/WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT					
Co-signer Signature: _____ Date: _____					



HFLA FINANCIAL QUESTIONNAIRE

Co-signer Name: _____

MONTHLY INCOME	CO-SIGNER	SPOUSE/PARTNER	NOTES
Salary / Commission	\$	\$	
Soc Sec / Disability / Workers Comp	\$	\$	
Retirement / Pension Benefits	\$	\$	
Child Support / Alimony	\$	\$	
Other Income	\$	\$	
TOTAL MONTHLY HOUSEHOLD INCOME	\$ <input type="checkbox"/> Gross <input type="checkbox"/> Net		

	HOUSEHOLD EXPENSES	MONTHLY PAYMENT	AMOUNTS PAST DUE	BALANCE	NOTES (Explain any past due amounts)
HOUSING	Rent	\$	\$	\$	
	Mortgage (Primary)	\$	\$	\$	
	Tax Escrow? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Property Taxes (if no tax escrow)	\$	\$	\$	
	Home Insurance (if no tax escrow)	\$	\$	\$	
	2nd Mortgage / Home Equity Loan	\$	\$	\$	
	Association Fees/Dues	\$	\$	\$	
AUTO	Car Payment(s)	\$	\$	\$	
	Car Maintenance/Repair	\$	\$	\$	
	Car Insurance	\$	\$	\$	
	Gasoline	\$	\$	\$	
MEDICAL	Health Insurance Premiums	\$	\$	\$	
	Medical Bills	\$	\$	\$	
BASICS	Home Phone / Cell Phone	\$	\$	\$	
	Internet / Cable TV	\$	\$	\$	
	Utilities	\$	\$	\$	
	Food	\$	\$	\$	
	Child Care/Tuition	\$	\$	\$	
UNSECURED	Credit Cards	\$	\$	\$	
	Loans from friends/relatives	\$	\$	\$	
	Loans from banks/credit unions	\$	\$	\$	
	Student Loans	\$	\$	\$	
OTHER TAXES	Income Taxes	\$	\$	\$	
	Property Taxes (real estate, etc.)	\$	\$	\$	
	Business Taxes	\$	\$	\$	
	Other Expenses	\$	\$	\$	
	TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$		



HFLA FINANCIAL QUESTIONNAIRE

TAX ISSUES

Do you or your spouse/partner have any un-filed tax returns? Yes No If Yes, please explain below

Do you or your spouse/partner owe any amounts for taxes? Yes No If Yes, for which year(s)? _____

Amount(s) owed: \$ _____ Have you established a payment plan? Yes No

Please explain: _____

LEGAL ISSUES

Are you or your spouse/partner being sued by anyone? Yes No If Yes, please explain below

Amount: \$ _____ Reason: _____

Are you in the process of or planning to file for divorce? Yes No

Please explain: _____

BANKRUPTCY FILING

Have you or your spouse filed for bankruptcy in the past? Yes No

If Yes, Type of Bankruptcy Filed: _____ Year Filed: _____

Are you or your spouse/partner in the process of or planning to file for bankruptcy? Yes No

Please explain: _____

Co-signer Signature _____ **Date** _____



Our Privacy Policy

We collect non-public personal information about you from the following sources:

- Information we receive from you on loan applications, and government issued personal identification
- Information we receive from your co-signers
- Information about your transactions with us or others
- Information we receive from a credit reporting agency

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

We will continue to adhere to the privacy policies and practices as described in this notice even after the time you satisfy your loan obligation to us.

We restrict access to your personal information to those who need to know that information to provide services to you. We maintain procedural, physical and electronic safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal information is safe. If you have any questions or concerns, please contact us.

Signature: _____

Date: _____