HFLAWA.ORG P.O. Box 141, Mercer Island, WA 98040 (206) 397-0005 ofice@hflawa.org

Guarantor Application

(*Please clearly print or type your information in ink only*)

GUARANTOR INFORMATION

Your Name:	Today's Date:
Who are you guaranteeing a loan for (their name)?	What's your relationship to this person?
For how long have you known the applicant?	Are you or your partner Jewish:
Drivers License Number:	Birth date:
Email:	Current Address (must be a physical address, not a P.O. Box):
Cell Phone: Home: Work:	How long at your current address: If less than one year, please explain:
Do you OWN: Do you RENT: Amount of monthly Rent or mortgage payment:	Are you married or in a domestic partnership:
Are you Employed: Self-employed: Retired: If unemployed, for how long:	If employed, provide your Employer's Business Name: Employer Address: Your Occupation:
Length of time with Employer: Start date of employment:	Monthly Salary or Self-employment: Other income: Explain other income:
How much debt do you owe on credit cards? How much debt do you owe on mortgage? How much debt do you owe on your cars? How much debt do you owe on student loans? Total debt?	What's your monthly payment on credit cards? What's your monthly payment on mortgage? What's your monthly payment on cars? What's your monthly payment on student loans? Total debt monthly payments?

GUARANTOR'S SPOUSE/PARTNER INFORMATION

Spouse or Partner Name:	Birth date:
Cell Phone: Home: Work:	Driver's License Number:
Email:	Your Occupation:
Are you Employed: [ ] Self-employed: [ ] Retired: [ ] Employer: Employer Address: Start date of employment: If unemployed, for how long:	Monthly Salary or Self-employment: Amount of 0ther income? Explain other income:
Total monthly debt payments, if different from your partner? Please explain.	

GUARANTOR'S QUESTIONS

What synagogue or Jewish organizations are you affiliated with?	
Have you received an HFLA loan before, Yes or No? If Yes, how many times before:	Have you co-signed for a HFLA loan? If Yes, for whom?: If yes, Date?
Have you or your spouse/partner ever received a loan from HFLA? Yes [ ] No [ ] If yes, date? Is your loan paid-off?	Have you or your spouse/partner ever co-signed a HFLA loan? Yes [ ] No [ ] If yes, for whom? Date?
Have either you or your partner been convicted of a felony? If so, please provide the circumstances including the date, what you were convicted of doing, the city and state.	

I am (We are) guaranteeing this HFLA loan of up to $_____ for (applicant name) _____ and understand that I (we) will be responsible for paying off the balance of the loan if the borrower does not make payments as required. I(we) hereby certify that the above statements are true, correct and complete and authorize the HFLA to make inquiries and gather information that it feels necessary concerning the above statements. I(We) agree to notify the HFLA within 30 days of a change of address.

Signature of Guarantor	Date:
Signature of Guarantor Spouse (Partner):	Date: