

Hebrew Free Loan Association of South Florida, Inc.

“To give people a chance to stand with dignity on their own two feet”

Dear Applicant:

Please carefully review the HFLA Loan Application Information and Requirement page for the **Making Miracle Babies Fertility Fund** before completing the application. It is also recommended you call our office to speak with a loan administrator prior to submitting the application.

We require that the applicant(s) must be Jewish, in particular the female applicant and resident(s) of either Broward or Miami-Dade, Florida for at least one (1) year prior to the application date. The applicants must be first time parents and must each be not younger than 25 nor older than 40 years of age.

HFLA will require a letter confirming your eligibility for treatment from your licensed IVF physician.

All co-makers (co-signers) must provide proof of residency within the United States of America for at least one year prior to the application date. All co-signers **MUST** be Jewish. They must have United States Citizenship or be Permanent residents.

The information page and required forms are self-explanatory and must be **filled out completely and legibly** and received by HFLA prior to the processing of any and all requests for financial assistance.

Once we receive the completed application forms, it will take approximately 3-5 days to process the loan and to determine if we can approve the requested loan. The process will include: checking the credit standing of the applicant(s) and guarantors; verifying the applicant's employment and salary; having a valid local checking account for loan repayment; and speaking with the prospective guarantors to confirm their understanding of their obligations in being a co-signer to a loan provided by the Hebrew Free Loan Association of South Florida, Inc.

Once we approve your co-makers (co-signers), we will then send out two copies of the promissory note for both the borrower(s) and co-signers' signatures, and we will schedule a suitable time for an interview with our Loan Committee. Upon final approval by the Loan Committee, the **Making Miracle Babies Fertility Fund Loan** will be disbursed. Our required form of repayment is with post-dated checks that you will provide, along with the signed promissory notes.

Should you have any additional questions, please do not hesitate to contact us at 305.692.7555

Sincerely,

Loan Administration

Hebrew Free Loan Association of South Florida, Inc.



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MAKING MIRACLE BABIES FERTILITY FUND

LOAN INFORMATION AND REQUIREMENTS

- The repayment period available on this loan type provided by the HFLA will be thirty-six (36) months based on a maximum loan amount of: \$ 18,000.00, without interest, commencing 30 days after the loan is made and at the sole discretion of HFLA. Repayment must be made with post-dated checks.
- All applicants, in particular the female applicant, must be Jewish and a resident of either Broward or Miami-Dade, Florida for at least one (1) year prior to the application date. The applicants must be first time parents and must each be not younger than 25 nor older than 40 years of age.
- HFLA will require a letter confirming your eligibility for treatment from your licensed IVF physician.
- Applicants must provide the HFLA with two (2) qualified co-signers for each loan.
- All co- signers must be Jewish and must provide proof of residency within the United States of America for at least one year prior to the application date. All co-signers MUST be U.S. citizens or Permanent residents.
- HFLA will consider family members (not living in the same household as the applicant(s)) to act as a co-signer to the **Making Miracle Babies Fertility Fund** loan.
- Applicants must be gainfully employed or have a verifiable means to repay loan.
- Persons who currently have a loan with the HFLA may not be a co-signer to any loan.
- A qualified co-signer is a person who has the financial ability to repay the loan if the borrower defaults. Co-signers are jointly and severally liable for the loan repayment.
- Professionals working in the Jewish community, i.e., Rabbis, Cantors, Jewish agency executives, etc., may not be co-signers. These individuals tend to have high visibility in the community and are often requested to be co-signers of loans. This rule, therefore, exists for their protection and benefit. No person in active military service may be a co-signer.
- Any person acting as a co-signer is not eligible for a loan from the HFLA until the loan on which he/she has guaranteed has been paid in full.
- The HFLA reserves the right to contact any and all co-signers as it deems necessary.
- The applicant(s) and co-signers will have a credit report performed via Microbilt, Inc., in order to determine credit worthiness.
- Valid copies of a United States of America driver's licenses must be provided by both the applicant(s) and the co-signers.
- The Promissory Note states that in the event of a default, the co-signers are liable for the loan, “jointly and severally”. HFLA would expect the co-signers on the note to share equally in the responsibility of repayment of the loan. However, each co-signer is liable for the full amount and, as such, would be called upon to repay the total balance due in full in the event a default occurs.

HFLA understands that all information it requests and receives is strictly confidential.

Hebrew Free Loan Association of South Florida, Inc.

4200 Biscayne Blvd Miami, FL 33137 • www.hebrewloan.org



Telephone: 305-576-4000



LOAN APPLICATION FORM (PLEASE TYPE OR PRINT LEGIBLY)

Loan Amount Requested: \$ _____ Date: ____/____/____

Borrower's Name: _____ Maiden Name: _____

Home Address: _____

City: _____, Florida ZIP: _____ Residing at Address Since: _____

Florida Resident Since: _____ Relocated From: _____ Own Rent

Home Telephone: _____ Cellular: _____ Email: _____

Social Security #: _____ - _____ - _____ FL. Driver's License #: _____

Date of Birth: ____/____/____ Are you a U.S. Citizen or Permanent Resident? *Please underline*

Migrated From: _____ Residing in the U.S. Since: _____

Occupation: _____ Employed Since: _____

Employer: _____

Address: _____

City: _____, Florida ZIP: _____ Employer Telephone: _____

Annual Gross Salary: \$ _____ Annual Monthly Salary: \$ _____

Previous Occupation: _____ Previous Employer _____

Dates of Previous Employment: _____

Marital Status: Single Married Divorced Separated Widow(er)

Spouse's Name: _____ Spouse's Maiden Name: _____

Spouse's Occupation: _____ Employer: _____

Purpose of Loan: _____

From what income will you repay this loan? _____

Bank: _____ Location: _____ Acct #: _____

Have you ever received a loan from HFLA? Yes No Have you ever co-signed a HFLA loan? Yes No

I/We have read and understand the above paragraphs and, to the best of my/our knowledge, the information I/we have provided is truthful and accurate.

Applicant's Signature: _____ **Date:** ____/____/____

Microbilt Credit Report Authorization Form

The undersigned hereby consents and authorizes the Hebrew Free Loan Association of South Florida, Inc. to contact Microbilt Corporation for a current credit report and to update this report as deemed necessary.

Co-Signer's Signature: _____ **Date:** ____/____/____

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City: _____, Florida ZIP: _____ Residing at Address Since: _____

Florida Resident Since: _____ Relocated From: _____ Own Rent

Home Telephone: _____ Cellular: _____ Email: _____

Social Security #: _____ - _____ - _____ FL. Driver's License #: _____

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Migrated From: _____ Residing in the U.S. Since: _____

Occupation: _____ Employed Since: _____

Employer: _____

Address: _____

City: _____, Florida ZIP: _____ Employer Telephone: _____

Annual Gross Salary: \$ _____ Annual Monthly Salary: \$ _____

Previous Occupation: _____ Previous Employer _____

Dates of Previous Employment: _____

Marital Status: Single Married Divorced Separated Widow(er)

Spouse's Name: _____ Spouse's Maiden Name: _____

Spouse's Occupation: _____ Employer: _____

Purpose of Loan: _____

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CO-SIGNER APPLICATION FORM (PLEASE TYPE OR PRINT LEGIBLY)

(1 of 2)

Date: ____/____/____ Borrower's Name: _____

Co-Signer's Name: _____

Home Address: _____

City: _____, ZIP: _____ Own Rent

Residing at Address Since: _____

Home Telephone: _____ Cellular: _____ Email: _____

Social Security Number ____-____-____ U.S.A. Driver's License #: _____

Date of Birth: ____/____/____ Are you a U.S. Citizen or Permanent Resident? *Please underline*

Relationship to Applicant: _____

Occupation: _____ Type of Business: _____

Employer: _____

Address: _____

City: _____, ZIP: _____ Employer Telephone: _____

Bank: _____ Location: _____ Acct #: _____

Have you ever received a loan from HFLA? Yes No Have you ever co-signed a HFLA loan? Yes No

I/We have read and understand the above paragraphs and, to the best of my/our knowledge, the information I/we have provided is truthful and accurate.

Co-Signer's Signature: _____ Date: ____/____/____

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CO-SIGNER APPLICATION FORM (PLEASE TYPE OR PRINT LEGIBLY)

(2 of 2)

Date: ____/____/____ Borrower's Name: _____

Co-Signer's Name: _____

Home Address: _____

City: _____, ZIP: _____ Own Rent

Residing at Address Since: _____

Home Telephone: _____ Cellular: _____ Email: _____

Social Security Number ____ - ____ - ____ U.S.A. Driver's License #: _____

Date of Birth: ____/____/____ Are you a U.S. Citizen or Permanent Resident? *Please underline*

Relationship to Applicant: _____

Occupation: _____ Type of Business: _____

Employer: _____

Address: _____

City: _____, ZIP: _____ Employer Telephone: _____

Bank: _____ Location: _____ Acct #: _____

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