

The Joseph and Evelyn Rosenblatt Free Loan Fund

LOAN APPLICATION

Date: _____

Applicant's Name _____		S.S.# _____ - _____ - _____	
Address _____		How long _____	
City, State, Zip Code _____			
Phone # _____	Homeowner? _____	Rent? _____	
Mortgage Balance _____	Driver's License # _____		
Employer _____	Job Description _____		
Salary _____	Business Address _____		
Work Phone _____	How long at present job _____		
How long in SLC _____	# of dependents _____		
Personal Reference _____			
	Name	Relationship	Phone #
Personal Reference _____			
	Name	Relationship	Phone #
Amount of Loan Requested \$ _____			

PLEASE INCLUDE A STATEMENT AS TO THE PURPOSE OF THE LOAN REQUESTED.

I certify that this application is a true and correct statement of the facts.

Applicant's Signature

Co-Applicant's Signature

Co-Applicant's Name (PLEASE PRINT)

For Office Use Only
Repayment Terms _____
Employment Verification _____
Bank Account Verification _____
Co-Signer Application _____

The Joseph and Evelyn Rosenblatt Free Loan Fund

MONTHLY INCOME AND EXPENSE

INCOME		EXPENSE	
Applicant's Gross Earnings (include salary, bonuses, commissions)	\$ _____	Housing (rent/mortgage) Circle One	\$ _____
Co-Applicant's Gross Earn. (include salary, bonuses, commissions, if applicable)	\$ _____	Medical (not covered by insurance)	\$ _____
Dividend/Interest Income	\$ _____	Car Insurance	\$ _____
**Child Support	\$ _____	Homeowner's Insurance	\$ _____
**Alimony or Separate Maintenance	\$ _____	Health Insurance	\$ _____
Real Estate Income	\$ _____	All other insurance	\$ _____
Gifts	\$ _____	Utilities & Telephone	\$ _____
Family Assistance	\$ _____	*Car Loans (payments)	\$ _____
Other sources of income (list)	\$ _____	*Other Loan Payments	\$ _____
		Alimony, Child Support	\$ _____
		Groceries	\$ _____
		Other expenses (list) (use other side if necessary)	\$ _____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENSES	\$ _____

* Please include below, a list of loans and indicate name of creditor, type (student, line of credit, credit card payments, car, other real estate, etc.), maturity date

** If you wish this income to be considered

INCLUDE THE 2 MOST RECENT PAYCHECK STUBS FROM YOUR PLACE OF EMPLOYMENT MONTHLY PAYMENTS

	Amount	Name of Creditor	Type of Loan	Maturity Date	Balance Year End
1.					
2.					
3.					
4.					

The Joseph and Evelyn Rosenblatt Free Loan Fund

APPLICANT'S EMPLOYMENT VERIFICATION LETTER

Name and Address of Employer

Re: _____

Name of Employee

Social Security Number

PHONE _____

FAX _____

ATTN: PERSONNEL DEPARTMENT

To Whom It May Concern:

The above-referenced employee is applying for a small interest-free loan. We would appreciate verification of:

1. The employee's signature shown below.
2. The date this employee began employment in your organization and the current title/position of this employee.
3. The annual salary of this employee.
4. The absence of any liens or garnishments placed against the salary of this employee.

Any additional information you may care to give us concerning this employee would be appreciated.

Please respond on your company letterhead and fax or mail the above information, together with a copy of this letter, directly to the Jewish Family Service Free Loan Fund as follows:

Jewish Family Service Free Loan Fund
1111 E. Brickyard Rd., Ste 109, Salt Lake City, UT 84106
FAX (801) 746-4337

All information will be held in strict confidence. We thank you for your cooperation.

Sincerely,

Ellen Silver, L.C.S.W.
Executive Director

I hereby consent to the disclosure to the Jewish Family Service Free Loan Fund of the salary, length of employment and other information requested above.

Signature of Employee

The Joseph and Evelyn Rosenblatt Free Loan Fund

CO-APPLICANT'S LOAN APPLICATION

Date: _____

Co-Applicant's Name _____ S.S.# _____-_____-_____

Address _____ How long _____

City, State, Zip Code _____

Phone _____ Homeowner? _____ Rent? _____

Mortgage Balance _____ Driver's License # _____

Employer _____ Job Description _____

Salary _____ Business Address _____

Work Phone _____ How long at present job _____

How long in SLC _____ # of Dependents _____

Personal Reference _____

Name Relationship Phone #

Personal Reference _____

Name Relationship Phone #

Amount of Loan Requested _____

PLEASE INCLUDE A STATEMENT AS TO THE PURPOSE OF THE LOAN REQUESTED.

I certify that this application is a true and correct statement of the facts.

Co-Applicant's Signature

The Joseph and Evelyn Rosenblatt Free Loan Fund

CO-APPLICANT'S EMPLOYMENT VERIFICATION LETTER

Name and Address of Employer

Re: _____
Name of Employee

Social Security Number

PHONE _____

FAX _____

ATTN: PERSONNEL DEPARTMENT

To Whom It May Concern:

The above-referenced employee is applying for a small interest-free loan. We would appreciate verification of:

1. The employee's signature shown below.
2. The date this employee began employment in your organization and the current title/position of this employee.
3. The annual salary of this employee.
4. The absence of any liens or garnishments placed against the salary of this employee.

Any additional information you may care to give us concerning this employee would be appreciated.

Please respond on your company letterhead and fax or mail the above information, together with a copy of this letter, directly to the Jewish Family Service Free Loan Fund as follows:

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1111 E. Brickyard Rd., Ste. 109
Salt Lake City, UT 84106
FAX (801) 746-4337

All information will be held in strict confidence. We thank you for your cooperation.

Sincerely,

Ellen Silver, L.C.S.W.
Executive Director

I hereby consent to the disclosure to the Jewish Family Service Free Loan Fund of the salary, length of employment and other information requested above.

Signature of Employee

The Joseph and Evelyn Rosenblatt Free Loan Fund

CO-SIGNER INFORMATION

PLEASE PRINT

Name _____ S.S. # _____

Driver's License # _____ Occupation _____

Address _____

City, State, Zip Code _____

Home Telephone _____ Business Telephone _____

FINANCIAL DISCLOSURE

Name of Employer or Business _____

Address _____ City, State, Zip Code _____

Original Employment Date _____ Annual Salary _____

Credit Cards: Type: _____ Amount Owed: _____

INCLUDE COPY OF MOST RECENT TAX RETURN (optional)

Liens Yes ___ No ___ Approved Yes ___ No ___

Should default be made in any payment of any installment when due, the balance remaining unpaid shall become due and payable on demand by the co-signer at the option of the holder of this Note.

We hereby waive presentment for payment, protest and notice of dishonor. We hereby further waive right to trial by jury should any legal action be brought on this Note.

This Note shall be governed by the laws of the State of Utah.

I certify that this application is a true and correct statement of the facts.

Co-Signer's Signature

The Joseph and Evelyn Rosenblatt Free Loan Fund

CO-SIGNER EMPLOYMENT VERIFICATION LETTER

Name and Address of Employer

Re: _____

Name of Employee

Social Security Number

FAX # _____

ATTN: PERSONNEL DEPARTMENT

To Whom It May Concern:

The above-referenced employee is co-signing a small interest-free loan we are making to a qualified individual. We would appreciate verification of:

1. The employee's signature shown below.
2. The date this employee began employment in your organization and the current title/position of this employee.
3. The annual salary of this employee.
4. The absence of any liens or garnishments placed against the salary of this employee.

Any additional information you may care to give us concerning this employee would be appreciated.

Please respond on your company letterhead and fax or mail the above information, together with a copy of this letter, directly to the Jewish Family Service Free Loan Fund as follows:

Jewish Family Service Free Loan Fund
1111 E. Brickyard Rd., Ste. 109
Salt Lake City, UT 84106
FAX (801) 746-4337

All information will be held in strict confidence. We thank you for your cooperation.

Sincerely,

Ellen Silver, L.C.S.W.
Executive Director

I hereby consent to the disclosure to the Jewish Family Service Free Loan Fund of the salary, length of employment and other information requested above.

Signature of Employee

The Joseph and Evelyn Rosenblatt Free Loan Fund
BANK ACCOUNT VERIFICATION LETTER

Bank Name and Address

Re: _____
Name

Account Number

PHONE _____

FAX _____

ATT: CREDIT DEPARTMENT

To Whom It May Concern:

I will be a co-signer on a small interest-free loan that will be made to a qualified individual by the Jewish Family Service Free Loan Fund, administered by Jewish Family Service, a Utah not-for-profit corporation.

You have my permission to release the following data to the Jewish Family Service Free Loan Fund about my above referenced account(s):

- a) Date the above referenced account(s) opened;**
- b) Average balances maintained in the account(s) for the past six months and**
- c) Whether the account(s) are satisfactory in all respects.**

Please respond on bank letterhead and fax or mail the above information, together with a copy of this letter directly to the Jewish Family Services Free Loan Fund as follows:

Jewish Family Service Free Loan Fund
1111 E. Brickyard Rd., Ste. 109
Salt Lake City, UT 84106
(801) 746-4334
FAX (801) 746-4337

Signature