Jewish Free Loan of Greater Portland Free Loan Application

Note: This information will be kept confidential within the confines of the Jewish Free Loan Committee and Federation staff assigned to this program.

Applicant/Borrower Information

Requested Loan Amount (\$2000 maximum) Date: Purpose of loan:):	
Name:	Maiden Name (if applicable):	
Date of Birth (minimum 18 yo):		
Driver's License #:	Social Security #:	
Home Address:		
Years at current residence:	Own/Rent?	
If less than 2 years, previous residence:		
Home Phone:	Cell Phone:	
Work Phone:	Email:	
Employer:	Position:	
Business Address:		
Business Phone:	Years employed:	
If Less than 2 Years, please add prior Employer:		
Employer #2:	Position:	
Business Address:		
Business Phone:	Years employed here:	
If unemployed, for how long?		
Secondary Contact (non-spouse):		
Phone: Email:		
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Spouse/Partner/Co-Borrower Information		

Full Name: Date of Birth:
Driver's License #: Social Security #:
Cell Phone: Work Phone:

Email:

Employer: Business Address:	Position:		
Business Phone:	Years employed:		
If Less than 2 Years, please add prior Employer:			
Employer #2:	Position:		
Business Address:			
Business Phone:	Years employed here:		
If unemployed, for how long?			
General Information			
How did you hear about us? Have you sought funds from other organizations or sources? If yes, please share source(s) and amount(s). Have you or any immediate family ever received a free loan? If yes, please share details. To the best of my knowledge the information (we) have provided is truthful and accurate. Jewish Free Loan of Greater Portland is authorized to make inquiries and gather information that it feels necessary to confirm the above information.			
Applicant Signature:	Date:		
Spouse/Partner Signature:	Date:		
Please include with your completed applicated E Copy of Driver's License E Most recent paystub (or other proof Copy of receipts/estimates/bills related Note: Additional information may be required.	of income, e.g. SSI) red to the request		

By signing this, I: 1. Certify that the information on this application is true and complete as of the below date(s). 2. Agree that this application is the property of JFLGP and need not be returned to me. 3. Authorizes JFLGP to verify the accuracy and completeness of all information above from any source JFLGP chooses. If I am married or am a registered domestic partner and am applying for this loan in my name alone, this authorization extends to verifying information about my spouse or partner. 4. Authorize JFLGP to answer questions from, and to furnish informant to, others about JFLGP's experience with me and to discuss all aspects of this application and my loan with each person who guarantees my loan.

Applicant Signature:	Date:
Spouse/Partner Signature:	Date:

Application can be emailed to caron@jewishportland.org, faxed to 503-245-6603 or mailed/dropped off to Jewish Free Loan of Greater Portland c/o Jewish Federation 6680 SW Capitol Hwy Portland, OR 97219

 $^{^{}f *}$ This person should NOT sign unless jointly applying for this loan