

Jewish Family Service of St. Paul
1633 West 7th Street
St. Paul, MN 55102
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Jewish Family and Children's Service of Minneapolis
13100 Wayzata Blvd., Suite 400
Minnetonka, MN 55305
Tel.(952) 546-0616 Fax.(952) 593-1778

Jewish Free Loan Program CO-SIGNER APPLICATION

Loan Applicant Name: _____

Loan Amount Requested \$ _____ Purpose of Loan: _____

Co-Signer Name: _____ Date: _____

Place of Birth: _____ Date of Birth: _____

Address: _____
Street City County State Zip

Number of years at this address: _____ Number of years in Minneapolis: _____

Phone Number: _____ Cell phone: _____ Email: _____

Marital Status: SINGLE MARRIED DIVORCED SEPARATED WIDOW OTHER

Spouse's/Partner's Name: _____

Place of Birth: _____ Date of Birth: _____

Number of Dependents: _____ Age of Dependents: _____

Citizenship: US citizen Immigrant Refugee Country of Previous Residence: _____

Co-Signer Primary Employment:

Occupation: _____ Social Security #: _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Monthly Gross Salary: \$ _____ How Long: _____ Date Employment Began: _____

Spouse's/Partner's Occupation: _____ Social Security #: _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Monthly Gross Salary: \$ _____ How Long: _____ Date Employment Began: _____

Other Sources of Income: (pension, child support, investments, government assistance, other):

Type of Income: _____ Amount \$ _____

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Financial Statement of Assets: (Please list Real Estate or Business Holdings):

Description: _____

Address: _____ Purchase Price \$ _____ Year Purchased: _____

Present Value \$ _____ Mortgage Owning: _____

Car Model: _____ Year: _____ Monthly Payment \$ _____

Car Model: _____ Year: _____ Monthly Payment \$ _____

Fixed Monthly Expenses:

Rent \$ _____ Mortgage \$ _____ Other Loans: \$ _____

Other Expenses: \$ _____

I certify that the information in this application is true and correct.

Print Signature

Sign

Date