

Jewish Family Service of St. Paul  
1633 West 7<sup>th</sup> Street  
St. Paul, MN 55102  
Tel. (651) 698-0767 Fax (651) 651-598-0162  
www.jfssp.org



Jewish Family and Children's Service of Minneapolis  
13100 Wayzata Blvd., Suite 400  
Minnetonka, MN 55305  
Tel. (952) 546-0616 Fax (952) 593-1778  
www.jfcsmpls.org

**Jewish Free Loan Program  
PROMISSORY NOTE  
for Applicants and Co-Signers**

LOAN APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City

State

Zip

For value received, we, the undersigned, jointly and severally, promise to pay on demand to the order of the Jewish Free Loan Program at JFCS, 13100 Wayzata Boulevard, Suite 400, Minnetonka, MN, 55305,

the sum of \$ \_\_\_\_\_ dollars.

The undernamed agree that they will pay to the Jewish Free Loan Program all costs and expenses incurred by them by reason of default hereunder.

And each of us hereby authorizes the holders hereof to grant at their option an extension or extensions, in whole or in part, with or without notice to us or any of us, also agreeing that in case of non-payment of monies when due, suit may be brought by the holder of this note, against any one or more or all of us, at the option of said holder, the holder of the said note reserving all rights against those of us, against whom suit is not commenced.

And each of us hereby severally waives presentment for payment, protest and notice of protest and notice non-payment of this note and of any extension, thereof, or any installments due thereunder, and our rights as sureties, or otherwise, both legal and equitable.

\_\_\_\_\_  
Applicant's Name **PRINT** Signature Date

\_\_\_\_\_  
Applicant's Spouse/Partner **PRINT** Signature Date

\_\_\_\_\_  
Co-Signer's **PRINT** Signature Date

\_\_\_\_\_  
Co-Signer's **PRINT** Signature Date