TEANECK BERGENFIELD GEMACH

554 Churchill Rd Teaneck, NJ 07666 Info@tbgemach.com

* MAXIMUM 1 APPLICANT/LOAN PER HOUSEHOLD



LOAN APPLICATION

I understand that should the borrower default on the loan, I understand and agree that I am jointly and severally responsible for the entire loan amount.

Date of Application

LOAN					
Amount Requested (maximum	\$20,000):				
Purpose of The Loan:					
Term of The Loan (not to excee	d 25 months):				
APPLICANT					
Last Name	First Name	Marital Status: 🗌 N	larried Single Divorced Single Parent		
Spouse Name	Number of Dependents				
Address		Street Address or P.O. Box	Apt., Suite, Unit, Building, Floor, C/O		
City	State	Zip Code	Do you rent or own? ☐ Rent ☐ Own		
Length of time at the address:		If you have lived in your current residence for less	than 2 years, please provide your previous		
residential information including a	ddress:				
Home Phone Number	Cell Phone Number				
E-mail					
		Borrower Signature			
CO-SIGNER					
Name					
Address		Street Address or P.O. Box	Apt., Suite, Unit, Building, Floor, C/O		
City	State	Zip Code			
Length of time at the address:					
Home Phone Number		Cell Phone Number			
Shul Affiliation					
Relationship to Borrower			Note: the co-signer cannot be the spouse of the applicant.		
I understand that should the borrower default on the loan, I understand and agree that I am jointly and severally responsible for the entire loan amount. Signature					
CO-SIGNER					
Name					
Address		Street Address or P.O. Box	Apt., Suite, Unit, Building, Floor, C/O		
City	State	Zip Code			
Length of time at the address:					
Home Phone Number		Cell phone Number			
Shul Affiliation					
Relationship to Borrower			Note: the co-signer cannot be the spouse of the applicant.		

Signature

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Date of Application _____



LOAN APPLICATION

SHUL AFFILIATION			
Name of Shul:			
Name of Rav:			
Rabbi's Phone Number	r:		
BANK ACCOUNTS IN	FORMATION:		
Checking: Bank Name		Account Number _	
Savings/Brokerage: Ba	ank Name	Account Number _	
EMPLOYMENT			
APPLICANT:			
Name of Employer			
Address		Street Address or P.O. Box	Company Name, Suite, Unit, Building, Floor, C/O
City	State	Zip Code	
Phone Number		Title	
Salary	Length of Time There	If you have been employed	by your current company for less than 2 years,
please provide your prev	vious employer's information:		
SPOUSE:			
Name of Employer			
Address		Street Address or P.O. Box	Company Name, Suite, Unit, Building, Floor, C/O
City	State	Zip Code	
Phone Number		Title	
Salary	Length of Time There	If you have been employed	by your current company for less than 2 years,
please provide your prev	vious employer's information:		
*Please tell us how y	ou first learned about our org	anization?	
INTERNAL TO TEAL	NECK BERGENFIELD GEMACH:		
Application #	Date App	proved	
Approved By	and by _		
Amount Approved			
Paid to Borrower			
	Check: check number		
Repayment Plan: Mon	thly		
Maturity Date			
Documentation provid • Driver's License • C	led and attached: Canceled Check • Pay Stub • Proof	f of Residence (Utility Bill)	