



**HEBREW FREE
LOAN SOCIETY**
— SINCE 1892 —

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IMPROVING LIVES THROUGH LENDING

Amt. Requested _____

Date _____

FOR HFLS USE ONLY

Loan Officer Initials _____

Amount Approved _____

Approval Date & Initials _____

Program/Fund _____

**PLEASE PRINT CLEARLY IN BLOCK LETTERS
RESPONSES ARE REQUIRED FOR ALL QUESTIONS**

Security Grant Loan Application

Institution Legal Name _____ EIN _____ Website _____

Institution Address _____

Authorized Representative Name _____ Title _____

Contact Phone _____ Contact Email Address _____

Security Grant Award Amount _____ Security Grant Award Term (e.g. Jan 2018-Dec 2019) _____

Security Grant Purpose _____

How did you hear about the HFLS Security Grant Loan? _____

By submitting this form, you are acknowledging that you understand it is a crime to knowingly make any false statements concerning any of the above facts.

Authorized Representative Signature

Date

PROUD PARTNER UJA FEDERATION NEW YORK

