



**TORONTO JEWISH
FREE LOAN CASSA**
(G'milath Chasodim) Association

4600 Bathurst Street, Suite 340,
Toronto, Ontario, Canada M2R 3V3
Tel: 416-635-1217 Fax: 416-635-8926
E-mail: free_loan@ujafed.org

FOR OFFICE USE ONLY
Loan #
TJFLC has referred this applicant to

BUSINESS LOAN APPLICATION

**ALL APPLICATIONS MUST INCLUDE A DETAILED BUSINESS PLAN
PLEASE NOTE BUSINESS LOANS HAVE AN ADMINISTRATIVE FEE**

Please provide a valid photo ID to the interview

Applicant's Last Name	First Name	Country of Birth	Date of Birth MM/DD/YY	S.I.N.
Spouse's Last Name	First Name	Country of Birth	Date of Birth MM/DD/YY	S.I.N.
Address		City	Postal Code	# of Years at this Address
Home Phone		Cell Phone(s)		
E-Mail(s)				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Common-Law				
Dependants (Age and Gender) _____M/F _____M/F _____M/F _____M/F _____M/F _____M/F				
Canadian Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Convention Refugee				
Years in Canada _____ Name of previous country(ies) of residence _____				
Applicant's Occupation	Employer		Phone	
Address	How Long at this Job			
Spouse's Occupation	Employer		Phone	
Address	How Long at this Job			
Applicant's Bank	Branch Location			
How did you hear about Toronto Jewish Free Loan Cassa?			If by Referral, by Whom?	
Your involvement in the Jewish Community (if any)				
Are you a current client of <input type="checkbox"/> JIAS <input type="checkbox"/> JF&CS <input type="checkbox"/> Other Jewish Service Agency				
Amount Requested		Purpose (Reason) for Loan:		
Declaration that all the information presented is correct				
I _____, have done my best to ensure that the information provided in this application is correct, and I have read, understood and agree to comply with the criteria set out by Toronto Jewish Free Loan Cassa this _____ day of 20____				
_____ <i>Signature of applicant</i>				



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INCOME AND EXPENSE FORM

Applicant's Last Name	Applicant's First Name
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PLEASE COMPLETE THE FOLLOWING WHERE APPLICABLE

Household Monthly Income and Expenses				
<i>Sources of Income</i>	<i>Applicant</i>	<i>Partner</i>	<i>Other Household Member</i>	<i>Total</i>
Take-Home Salary Including Commissions and Tips (after tax)				
Self-Employment (after tax)				
Family/Child Benefits				
Social Assistance (Ontario Works, Ontario Disability, Canada Pension Disability, WSIB Compensation)				
Pensions (old age, CPP, private)				
Employment Insurance				
Spousal/Child Support				
Scholarships and Bursaries				
JF&CS Supplementary Financial Assistance				
Investment income (interest/dividends/rentals)				
Other				
Total				
<i>Nature of Expenses</i>				<i>Amount</i>
Food / Clothing				
Mortgage and Property Tax / Rent				
Maintenance (Condo/Townhouse) / Home Insurance				
Utilities (water, hydro, gas, etc.)				
Telephone / Cell Phone / Cable TV / Internet				
Auto Expenses (lease payments, gas, maintenance, insurance) / Public Transportation				
Monthly Debt Load (e.g. credit cards, bank loans, lines of credit, OSAP, personal debts)				
Medical (Medications, Dental, Orthodontics, etc.) / Life or Health Insurance				
Private School / Childcare				
Spousal/Child Support				
Other (Please Specify)(e.g. pets, entertainment)				
Total				
<i>Assets</i>				<i>Value</i>
Primary Residence (if own) Year Of Purchase:				
Other Properties - Specify				
Automobile(s) - Make and Year				
Savings (GIC, term, deposit, etc.)				
Other				
Total				
<i>Debts</i>				
Mortgage Owing				
Credit Card(s) Owing				
Line(s) of Credit				
Other Debts				
Total				



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GUARANTOR FORM

Applicant's Last Name		Applicant's First Name		Size of Loan Guaranteed	
Guarantor's Last Name	First Name	Country of Birth	Date of Birth MM/DD/YY	S.I.N.	
Spouse's Last Name (if applicable)	First Name	Country of Birth	Date of Birth MM/DD/YY	S.I.N.	
Address		City	Postal Code	# of Years at this Address	
Home Phone		Cell Phone(s)			
E-Mail(s)					

Marital Status: Single Married Divorced Separated Widow/Widower Common-Law

Dependants (Age and Gender) _____M/F _____M/F _____M/F _____M/F _____M/F _____M/F

Canadian Status: Citizen Permanent Resident Convention Refugee

Years in Canada _____ Name of previous country(ies) of residence _____

Guarantor's Occupation	Employer	Work Phone
Address	How Long at this Job	
Spouse's Occupation (if applicable)	Employer	Work Phone
Address	How Long at this Job	

Relationship to Applicant _____ How long have you known the Applicant _____

FINANCIAL INFORMATION

Guarantor's Bank	Branch Address	
	Guarantor	Spouse
Monthly net Salary/Employment or Self Employment		
Income from other Sources (Specify)		
Savings		
Debt Load (Credit Cards, Bank Loans, Lines of Credit)		
Primary Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Expenses: Rent or Mortgage, and/or Condo Fees	
Year Purchased	Current Value	Mortgage Owning
Own other Properties (Specify)	Value	

Declaration that all the information presented is correct

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Signature of Guarantor



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