

KACHCHHI OSWAL JAIN ASSOCIATION IN NORTHAMERICA

APPLICATION FOR INTEREST FREE LOAN

(Please Type or Print)

Send Your Application to: loan@kojain.groups.io

Date: MM/DD/YY

1. PERSONAL DATA:

Name of the Applicant: _____
Last Name First Name Middle Name

Father's Name Grand Father's Name Mother's Maiden Name

Permanent Address in North America: _____
Street Address

City State Zip Code

Permanent Address in India: _____
Street Address

City State Zip Code

Village in Kutch: _____

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Tel. No. of Close Relative or Friend in North America Tel. No. in India

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Applicant's Tel. No. in North America Email Id

Driver's License Number Date of Birth (MM/DD/YY) Male / Female

2. FINANCES:

Applicant's Current Job Status: _____
Working Y/N Company Name

Street Address City State Zip Code

()
Office Tel. No. Office Email Id

\$ \$
Financial Aid Applied for Financial Aid Received Prior Years Year

Monthly total income of the applicant from all sources: \$ _____

No. of members in the family for whom applicant is responsible for: # _____

#		\$
No. of Earning Members in the Family		Total Monthly Income of the Family
\$		\$
Monthly Average Expenses	Total Balance as of (MM/DD/YY)	In the Amount of

Write on a Separate One Page: The reasons or justification for the loan to evaluate your application with more information. Write your name, address, date.

The information provided above is true to the best of my knowledge. I have read the rules and regulation governing this loan. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts, calls for a cause, for refusal of interest free loan. I release the members of the Executive Committee of KOJAIN, its officers, volunteers and agents, from any liabilities for any cause pertaining to this application.

Signature of the Applicant	Date (MM/DD/YY)
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Names and addresses of the two individuals, one must support your application, other one is a reference. Such name should be entered only with his/her prior consent. These individuals must not be the immediate family members.

Name of the Supporter:

Last Name

First Name

Middle Name

Relation to applicant, if any

Village in Kutch

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Phone No.

Occupation

Driver's License Number

Father's Name

Grand Father's Name

Permanent Address in North America:

Street Address

City

State

Zip Code

Signature of the Supporter

Date (MM/DD/YY)

Name of the Reference:

Last Name

First Name

Middle Name

Relation to applicant, if any

Village in Kutch

()

Phone No.

Occupation

Father's Name

Grand Father's Name

Permanent Address in North America:

Street Address

City

State

Zip Code

Signature of the Reference

Date (MM/DD/YY)

FOR OFFICE USE ONLY

Committee Members:

**Vijay Savla, Chairman
Priti Haria**

Telephone No.:

**508 517-6711
347-702-0785**

Email:

**visavla@gmail.com
prtidhiren@gmail.com**

Candidate Interviewed by:

Date:

MM/DD/YY

Financial Assistance Asked for:

\$

Financial Assistance Given Past Years:

Financial Assistance Recommended This Year:

Any Other Remarks for Further Follow up:
