



## LOAN APPLICATION

Today's Date: \_\_\_\_\_

CONTACT INFORMATION			
LEGAL NAME (FIRST, MIDDLE, LAST):		SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	WORK PHONE:	HOME PHONE:	
EMAIL:			
PREFERRED METHOD OF CONTACT:			
<input type="checkbox"/> CELL PHONE	<input type="checkbox"/> HOME PHONE	<input type="checkbox"/> EMAIL	

YOUR LOAN REQUEST	
PLEASE IDENTIFY THE NCFS TARGET MARKET THAT MAKES YOU ELIGIBLE FOR NCFS SERVICES (SELECT ALL THAT APPLY):	
<input type="checkbox"/> CTUIR Enrolled member	<input type="checkbox"/> CTUIR Entity Employee <sup>1</sup> <input type="checkbox"/> Umatilla Reservation Resident
SELECT THE NCFS LOAN TYPE YOU ARE APPLYING FOR:	
<input type="checkbox"/> Consumer Loan	<input type="checkbox"/> Food Sovereignty Loan
<input type="checkbox"/> Small Business Loan	<input type="checkbox"/> Other: _____
HOW DO YOU PLAN TO MAKE PAYMENTS ON THE LOAN (SELECT ALL THAT APPLY)?	
<input type="checkbox"/> Gaming Distribution	<input type="checkbox"/> Direct Monthly Payment <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Elder's Monthly Benefit _____
PURPOSE OF LOAN?	
HOW MUCH ARE YOU APPLYING FOR?	DATE FUNDS NEEDED BY: (MM/DD/YYYY)
DO YOU HAVE A CO-APPLICANT?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Employed by Arrowhead, Cayuse, Tribal Government, Wildhorse, Yellowhawk?



ABOUT YOU			
<b>Our organization is required to comply with multiple funding agencies as well as CDFI regulators. We must collect this minimum amount of information to satisfy our reporting requirements and to aid in the processing of your loan applications.</b>			
GENDER:		DATE OF BIRTH (MM/DD/YYYY):	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
CURRENT EMPLOYMENT STATUS (SELECT ALL THAT APPLY):			
<input type="checkbox"/> Regular Employment	→	What is your regular employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk) <input type="checkbox"/> Full-time (35 hrs/wk or more)
		Are you employed seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this employment a temporary position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self-Employed	→	What is your self-employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk) <input type="checkbox"/> Full-time (35 hrs/wk or more)
		Are you employed seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this employment a temporary position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unemployed	→	Are you currently seeking employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, why aren't you seeking employment?	<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other reasons <input type="checkbox"/> Disabled
	→	When did you become unemployed? (mm/dd/yyyy): _____	
EMPLOYER NAME:		DATE HIRED (mm/dd/yyyy):	RATE OF PAY:
			<input type="checkbox"/> Per hour <input type="checkbox"/> Per month <input type="checkbox"/> Per pay period
EMPLOYER CONTACT NAME:		PHONE OR EMAIL FOR EMPLOYER CONTACT	
DEPARTMENT		IMMEDIATE SUPERVISOR	

YOUR HOUSING		
TOTAL MONTHLY HOUSEHOLD INCOME (FROM ALL SOURCES):	HOW MANY MEMBERS ARE IN YOUR HOUSEHOLD (NOT INCLUDING YOURSELF)?	MONTHLY HOUSING PAYMENT:
\$		\$
HOUSING SITUATION:		
<input type="checkbox"/> I am currently renting <input type="checkbox"/> I currently own	<input type="checkbox"/> I currently live at a motel/hotel <input type="checkbox"/> I currently live in a shelter	<input type="checkbox"/> I currently live at another person's home rent-free <input type="checkbox"/> I am currently homeless <input type="checkbox"/> Other (please specify):



REFERENCES		
CREDIT REFERENCES (PLEASE INCLUDE TWO)		
CREDIT REFERENCE 1 NAME:		
ORIGINAL CREDIT AMOUNT:	MONTHLY PAYMENT:	UNPAID BALANCE:
CREDIT REFERENCE 2 NAME:		
ORIGINAL CREDIT AMOUNT:	MONTHLY PAYMENT:	UNPAID BALANCE:
PERSONAL REFERENCES (PLEASE INCLUDE TWO)		
PERSONAL REFERENCE 1 NAME:	RELATIONSHIP:	PHONE NUMBER:
PERSONAL REFERENCE 2 NAME:	RELATIONSHIP:	PHONE NUMBER:

SUPPORTING DOCUMENTS	
PLEASE BE PREPARED TO PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS:	THESE UPON REQUEST ONLY:
<input type="checkbox"/> Tribal ID; OR <input type="checkbox"/> Driver's license for identification	<input type="checkbox"/> Prior tax returns (years specified) <input type="checkbox"/> Recent pay stubs

LEGAL INFORMATION	
HAVE YOU BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR INSOLVENCY PROCEEDINGS OR HAVE PENDING PERSONAL OR BUSINESS JUDGMENTS, UNSETTLED LAWSUITS OR MAJOR DISPUTES? IF YES, ATTACH EXPLANATION.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOUR PERSONAL TAXES PAST DUE?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## LOAN APPLICATION

Today's Date: \_\_\_\_\_

CONTACT INFORMATION			
LEGAL NAME (FIRST, MIDDLE, LAST):		LAST 4 OF SSN:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:

### BORROWER'S ACKNOWLEDGEMENT & AUTHORIZATION

The undersigned acknowledges that the NCFS must comply with the CTUIR Criminal Code that mandates the reporting of suspected exploitation of elders or incapacitated adults which is defined as the unauthorized or improper use of funds of an elder or incapacitated adult or the failure to use the funds belonging to an elder or incapacitated adult for their benefit or according to the elder's direction. CTUIR Criminal Code Sections 4.97 and 4.99.

The undersigned authorizes the NCFS to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein, and to determine the applicant(s) creditworthiness, including employment. The undersigned hereby certifies that this application, including all attachments, exhibits, schedules, and supporting documents are valid, accurate, and complete as of the stated date. These documents are submitted for the purpose of obtaining a loan. The undersigned further certifies that the proceeds of any loan made as a result of this application will be used for purposes stated herein. The undersigned, in applying for a loan, recognizes that any loan provided will require the undersigned to comply with all applicable federal, tribal, state, and local laws and regulations.

This application is available in both an electronic and paper form. I understand I have the option to print out this application for physical signature and submittal via the paper form if I do not consent to the use of an electronic signature. However, by typing my name, enrollment number and today's date into the respective fields below and submitting it electronically I am consenting to the use of those fields as an electronic signature for purposes of processing this loan application, and that my electronic signature will not be withdrawn.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT'S ENROLLMENT NUMBER

\_\_\_\_\_  
DATE