



NOTE: Please Print Legibly. Do not leave any blank spaces. If the field not applicable in this application, please write "N.A." Additional documentation may be required at NINF's discretion for loan determining factors. Processing of application will start only upon submission of ALL required documents.

Items Needed From Applicant:

When you apply for a loan, you must provide the following documentation to the North Idaho Native Fund before your application can be deemed complete:

- Completed Application
- Clear Copy of Tribal ID or Clear Copy of Driver's License (Both Tribal and Non-Tribal Members may apply)
- Most Recent Paystubs (last 3 months)
- Alternatively, you may sign the employment verification and have your HR department return them via email to: rgarrick@cdatribe-nsn.gov
- Must have bank account for deposit of loan funds



Debt Consolidation APPLICATION FORM

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I am applying for an:

Debt Consolidation Loan

Desired Payment Term (months): 12 18 24

Debt Consolidation Loan Amount Requested:

\$ _____

Will you be applying with a Co-Applicant? Yes No

Applicant Personal Information				
First Name	Middle Initial	Last Name	Date of Birth	Social Security No.
Physical Address			City	State Zip
PO BOX			City	State Zip
Home Phone	Cell Phone		Email Address	
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> Other _____ If renting, please provide Landlord information:			Checking Account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what Bank? _____ Savings Account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Bank? _____	
Monthly Mortgage/Rent Payment: \$ _____			How long have you lived at the current Home Address? _____ Years _____ Months	
Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other			Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow	



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Spouse Information				
Spouse: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	Middle Initial	Last Name	Date of Birth
Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other _____				
Employers Name			Employers Address	
Date Hired:				
Will Spouse be Listed as Co-Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please fill out 'Co-Applicant 'Work & Finances' Sections below:				

Household Information
Number of Dependents:
____ Children _____ Others (Relationship) _____
Please Provide Name, Address and Phone Number for Reference for Debt Consolidation Loan:
Reference:
Reference:



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Co-Applicant Information					
First Name	Middle Initial	Last Name	Date of Birth	Social Security No.	
Physical Address			City	State	Zip
PO BOX			City	State	Zip
Home Phone	Cell Phone		Email Address		
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> Other _____ If renting, please provide Landlord name & address:			Checking Account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what Bank? _____ Savings Account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Bank? _____		
Monthly Mortgage/Rent Payment: \$			How long have you lived at the current Home Address? _____ Years _____ Months		
Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other _____			Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow		



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Applicant Work & Finances		
Employer Name		Employer Address
Position/Occupation	Hire Date	Employer Phone No.
Gross Annual Income	Employer Fax No.	Immediate Superior/HR Contact Person
\$		
Type of Employment: <input type="checkbox"/> Government <input type="checkbox"/> Tribal <input type="checkbox"/> Common <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
Name and Address of Previous Employer (if less than 2 years at current employment)		
NOTE: You do not have to include information about income from alimony, child support or separate maintenance payments, unless you want us to consider this income in connection with this application.		Other Income: List Sources and Amounts
Co-Applicant Work & Finances		
Employer Name		Employer Address
Position/Occupation	Hire Date	Employer Phone No.
Gross Annual Income	Employer Fax No.	Immediate Superior/HR Contact Person
\$		
Type of Employment: <input type="checkbox"/> Government <input type="checkbox"/> Tribal <input type="checkbox"/> Common <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
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Financial Obligations					
List all of your current obligations, including financial institutions, department stores, credit cards, leases, alimony, child support, etc.					
Applicant	Co-Applicant	Creditor	Current Outstanding Balance	Monthly Amount Paid (if delinquent, please indicate)	Will this be paid by the Debt Consolidation Loan?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No



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Are you required to pay Alimony, Child Support or Separate Maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Amount \$ _____
Are you a Co-Signor on a Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER BEEN THE SUBJECT OF BANKRUPTCY PROCEEDINGS OR ARE THERE UNSATISFIED JUDGMENTS AGAINST YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? _____

By signing Below, you promise that you have completed this application truthfully, to the full extent to your knowledge. You authorize us to check your credit record, including your credit report, and to receive and exchange information with others about your credit history. We will keep this application whether or not we approve it. If your application is approved, you agree to the terms including repayment terms and the agreement (s) we provide governing the accounts. By signing below, you also agree that it is a federal crime, punishable by fine or imprisonment or both to knowingly make any false statements concerning information requested on this application, under provisions of Title 18 United States Code, Section 1014.

We the undersigned acknowledge that we are applying for joint credit, if two signatures are present

Applicant's Signature	Date
Co-Applicant's Signature	Date



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Authorization to Release Information

As an applicant for a loan from North Idaho Native Fund (NINF), I am required to furnish information for use in determining my loan performance and credit qualifications. The purpose of this authorization and release is for these same NINF loan application requirements. The release of information requested is voluntary. However, failure to complete this release may result in an incomplete application.

I authorize release of any information related to my activities, property interests (real/personal), businesses, financial and debt history and interactions with the Coeur d'Alene Tribe's Finance Department.

I authorize review and copying of all documents.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented.

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____



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Questionnaire

These questions are for grant purposes only. The answers to these questions are completely optional and will have no bearing on the viability of the client loan application.

Applicant Name:

Address:

Phone:

Home

Work

Cell

Gender: M/F Age: 18-25 26-35 36-40 40+

How many dependents do you have? _____

Are you an enrolled Tribal Member? Y/N Tribe? _____

Are you a descendent? Y/N Tribe? _____

Are you a spouse of a descendent or enrolled Tribal Member? Y/N Tribe? _____

Military Status: Active Duty Veteran



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EMPLOYMENT VERIFICATION

Applicant: _____
Employer: _____
Address: _____

The individual named above is an applicant for the North Idaho Native Fund. In order to be eligible we must verify employment income for application support. The information you provide will be used only for determining the household's eligibility and will be held in strict confidentiality.

I, the undersigned, do hereby authorize the release of information requested to the North Idaho Native Fund

Applicant Signature: _____ Date: _____

(section to be completed by the employer only)

PLEASE PROVIDE THE FOLLOWING INFORMATION

Date Hired: _____ Occupation/Position: _____

CURRENT:

Pay Rate: \$ _____ Per: Hour/Day/Week/Month (Circle one) Effective Date: _____

HOURS

DAYS

Per Week: _____ Each Week: _____

ENTER THE AVERAGE NUMBER OF HOURSE WORKED DURING THE PAST TWELVE (12) MONTHS:

Average Per DAY: _____ Per WEEK: _____ OVERTIME Per DAY: _____ Per WEEK: _____

OVERTIME Rate: \$ _____ Per: Hour / Day / Week / Month (Circle One)

ESTIMATED OTHER: Tips: \$ _____ Bonus: \$ _____

Last 12 Months Total Income: _____

Comments: _____

Date: _____ Title: _____ Phone: _____

Signature: _____