



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: maria.legarda@cdatribe-nsn.gov
- Must have bank account for deposit of loan funds



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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: Owned Living with Relatives Renting Mortgage Other _____ If renting, please provide Landlord information:			Checking Account? Yes No If Yes, what Bank? _____ Savings Account? Yes No If Yes, What Bank? _____		
Monthly Mortgage/Rent Payment: \$ _____			How long have you lived at the current Home Address? _____ Years _____ Months		



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Educational Attainment: High School Vocational College Post-Graduate Other _____	Civil Status: Single Married Separated 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: Owned Living with Relatives Renting Mortgage Other _____ If renting, please provide Landlord name & address:			Checking Account? Yes No If Yes, what Bank? _____ Savings Account? Yes No If Yes, What Bank? _____	
Monthly Mortgage/Rent Payment: \$			How long have you lived at the current home address? _____ Years _____ Months	
Educational Attainment: High School Vocational College Post-Graduate Other _____			Civil Status: Single Married Separated 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: Government Tribal Common Self-Employed Retired 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.



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Gross Annual Income	Employer Fax No.	Immediate Superior/HR Contact Person
\$		
Type of Employment: Government Tribal Common Self-Employed Retired 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:

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?
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No



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					Yes No
					Yes No
					Yes No
					Yes No

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



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

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



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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: _____

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:



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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

EMPLOYMENT VERIFICATION

Applicant: _____

Employer: _____

Address: _____



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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 HOURS 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: _____