



NOTE: Please Print Legibly. Do not leave any blank spaces. If field not applicable, please write "N.A."
 Processing of application will start only upon submission of ALL required documents.

Loan Details

I am applying for an:
 Loan

For the Purpose of:
 Debt Consolidation

Desired Payment Term (months): 12 18 24

Amount Requested:
 \$

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 _____			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? _____		



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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
Name and Address of Closest Relative Not Living at Your Address:	

Spouse & Family 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		
Employer Phone No.		Number of Dependents _____ Children _____ Others (Relationship) _____		

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)		



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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
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Financial Obligations

List all of your current obligations, including financial institutions, department stores, credit cards, leases, alimony, child support, etc.

Responsible Applicant	Co-Applicant	Creditor	Current Outstanding Balance	Monthly Amount Paid	Check Debts To Be Paid By This Loan

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.

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