

Lender:  
White Earth Investment Initiative  
PO Box 38, Ogema, MN

**CONSUMER LOAN APPLICATION**

Account Number \_\_\_\_\_  
Census Tract \_\_\_\_\_

**LOAN REQUEST**

PURPOSE OF LOAN	AMOUNT REQUESTED \$	MONTHS NEEDED	RATE
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**PERSONAL INFORMATION**

This application is designed to be completed by the applicant(s) with the lender's assistance.  
 Check One:  Individual. Relying solely on my income.  Joint. We intend to apply for joint credit. (initials)  
 The Co-Applicant section and all other Co-Applicant questions should be completed to the extent possible if: (1) co-applicant will be jointly obligated with you on the loan; (2) you will be relying on income or assets of the co-applicant as a basis for repayment of the loan; (3) you are relying on income from alimony, child support or separate maintenance from the co-applicant or on the loan and need not sign as a co-applicant unless item (2) above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title or waive inchoate rights to property.

APPLICANT			CO-APPLICANT		
Birth Date	Age		Birth Date	Age	
FULL NAME			FULL NAME		
PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years _____ Phone _____			PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years _____ Phone _____		
PREVIOUS ADDRESS (Complete if less than 2 years at present address)			PREVIOUS ADDRESS (Complete if less than 2 years at present address)		

MARITAL STATUS	DEPENDENTS	MARITAL STATUS	DEPENDENTS
COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)	Do Not Include Co-Applicant NO. AGES	COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)	Do Not Include Applicant or Dependents Listed by Applicant NO. AGES
SOCIAL SECURITY NO.		SOCIAL SECURITY NO.	

NAME AND ADDRESS OF EMPLOYER--How Long _____ Phone _____	NAME AND ADDRESS OF EMPLOYER--How Long _____ Phone _____
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Type of Business _____ Position/Title _____	Type of Business _____ Position/Title _____
PREVIOUS EMPLOYER--How Long _____ (Complete if current job held less than two years)	PREVIOUS EMPLOYER--How Long _____ (Complete if current job held less than two years)

Type of Business _____ Position/Title _____	Type of Business _____ Position/Title _____
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>	In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what name: _____	Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what name: _____

IF SELF EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT AND LOSS STATEMENT, AND COPY OF LATEST FEDERAL TAX RETURN

**INCOME**

Monthly Income	Applicant	Co-Applicant
Base Earnings <input checked="" type="checkbox"/> Gross <input type="checkbox"/> Net		
Overtime		
Bonuses		
Commissions		
Dividends - interest		
Other-Optional-See Remarks		
Secondary Income		
TOTAL INCOME ->		

INCOME REMARKS-Note:Income from Alimony, Child Support or Maintenance Payments need not be disclosed unless their consideration is desired.

**ASSETS**

DEPOSITS IN CHECKING & SAVINGS ACCOUNTS			AMOUNT OR VALUE
Name of Institution	Type	Account No.	Applicant

Net worth of Business Owned-Attach \_\_\_\_\_  
 Current Financial Statement \_\_\_\_\_  
 Vehicles-List Make \_\_\_\_\_ Year \_\_\_\_\_ Fully Paid  Yes  No

1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
3)		<input type="checkbox"/> Yes <input type="checkbox"/> No
4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
5)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Property-Furniture, Art, Jewelry, etc. \_\_\_\_\_



**AGREEMENT**

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property. I understand that I must update credit information at your request if my financial condition changes.

Accepted:

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**LENDER USE**

**DESCRIPTION OF COLLATERAL**

New  Year \_\_\_\_\_ Make \_\_\_\_\_  
 Used  > Model \_\_\_\_\_ Mileage \_\_\_\_\_  
 Serial Number \_\_\_\_\_  
 Color \_\_\_\_\_ Body Style \_\_\_\_\_  
 No. of Cylinders \_\_\_\_\_ License Plate # \_\_\_\_\_  
 Sales Price \$ \_\_\_\_\_ Invoice \$ \_\_\_\_\_  
 Down Payment \$ \_\_\_\_\_ Trade-In \$ \_\_\_\_\_  
 Loan Requested \$ \_\_\_\_\_ % to Price \_\_\_\_\_ %  
 Dealer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Salesman: \_\_\_\_\_

OTHER COLLATERAL OR A LIST OF ACCESSORIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 NADA Ave. Loan \$ \_\_\_\_\_ Month \_\_\_\_\_ Yr. \_\_\_\_\_ Page \_\_\_\_\_  
 Ave. Trd-In \_\_\_\_\_

If secured by collateral, has an insurance loss payable been requested?  
 Confirming Agent Rep. \_\_\_\_\_ Carrier Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Comp. Deduct \$ \_\_\_\_\_ Coll. Deduct \$ \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

**LOAN DISPOSITION**

Loan  Approved  Rejected - Amount \$ \_\_\_\_\_  
 Special Conditions: \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ %  Simple  Add-on  Discount  
 Term: 0 months - Payment \$ \_\_\_\_\_ -1st Due: \_\_\_\_\_  
 Security: \_\_\_\_\_  
 Customer Notified \_\_\_\_\_ Dealer Notified \_\_\_\_\_  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_

**BUDGET ANALYSIS**

1) Total Monthly Income	\$ 0.00
Total Housing Expense	\$ _____
Payments on All Debts	\$ 0.00
Payment for This Loan	\$ _____
2) Total All Payments	\$ _____
Debt to Income Ratio (Line 2 Divided by Line 1)	_____ %

Comments: