



First Nations Community Financial

"Strengthen communities by providing the highest quality of financial services"

Consumer Loan Application

Application Checklist

Please include the following:

- Photo I.D.
- Copy of Tribal I.D. (if a tribal member from Ho-Chunk Nation or other tribe)
- Original pay stubs for the last 30 days (consecutive dates). FNCF does not accept handwritten pay stubs.
- Social Security Card
- If self-employed or if any income is from rental properties, sales commission or interest income; please provide a copy of the most recent Federal Tax Returns (personal and business).
- \$10.00 processing fee, which is nonrefundable and must be paid before your application will be processed. This fee covers the cost of your credit report.
- NOTE: make sure need all necessary signatures are on the application - so if a spouse is not coming to the interview, be sure a signature is obtained ahead of time.

Our consumer loan is a personal loan with a maximum lending amount of \$1,500.00 for secured loans, and \$750.00 for unsecured loans. To qualify your debt to income ratio must be 40% or under; and you may NOT have more than \$5,000.00 in judgments or collections on your credit report. Payback period can be up to 3 years. No penalties for paying loan off early.



First Nations Community Financial
 206 S. Roosevelt Road, Suite 123
 Black River Falls, WI 54615
 Phone: 715-284-2470 Fax: 715-284-2471
 Email: fnf@ho-chunk.com

Type of Credit Requested		For Creditor Use	
Check <input checked="" type="checkbox"/> the appropriate boxes below and complete the applicable sections <input type="checkbox"/> INDIVIDUAL CREDIT -relying solely on my own income or assets <input type="checkbox"/> JOINT CREDIT -We intend to apply for joint credit		Date: _____ Processing Fee \$10.00 <input type="checkbox"/> Received <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check _____(initials) Account No.: _____ <input type="checkbox"/> APPROVED _____(initials) <input type="checkbox"/> DECLINED _____(initials)	
Amount Requested \$ _____ Min Amount: \$500.00 Max Amount: \$1,500.00 (for secured loans) \$750.00 (for unsecured loans) Use of Funds: _____		DESIRED REPAYMENT <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other	
INDIVIDUAL APPLICANT INFORMATION		JOINT APPLICANT INFORMATION	
NAME (Last, First, Middle): _____		NAME (Last, First, Middle): _____	
Are you a tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal ID # _____		Tribal ID # _____	
Tribal Affiliation _____		Tribal Affiliation _____	
BIRTHDATE	PHONE NUMBER	BIRTHDATE	PHONE NUMBER
DRIVERS LICENSE	SOCIAL SECURITY NO.	DRIVERS LICENSE	SOCIAL SECURITY NO.
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	
MAILING ADDRESS (Street, State, Zip): _____		MAILING ADDRESS (Street, State, Zip): _____	
COUNTY: _____		COUNTY: _____	
EMAIL: _____		EMAIL: _____	
Do you own or rent? <input type="checkbox"/> own HOW LONG? _____ <input type="checkbox"/> rent HOW LONG? _____		Do you own or rent? <input type="checkbox"/> own HOW LONG? _____ <input type="checkbox"/> rent HOW LONG? _____	
PHYSICAL ADDRESS (Street, State, Zip) _____		PHYSICAL ADDRESS (Street, State, Zip) _____	
EMPLOYER (company name & address) _____		EMPLOYER (company name & address) _____	
How Long have you been employed? _____		How Long have you been employed? _____	
BUSINESS PHONE: _____ EXT.: _____		BUSINESS PHONE: _____ EXT.: _____	
POSITION: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		POSITION: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	
GROSS SALARY PER MONTH: \$ _____		GROSS SALARY PER MONTH: \$ _____	
MONTHLY PERCAPITA INCOME: \$ _____		PERCAPITA INCOME: \$ _____	



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SOURCES OF OTHER INCOME: AMOUNT PER MONTH: \$	SOURCES OF OTHER INCOME: AMOUNT PER MONTH: \$
Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes, When? _____	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes, When? _____

OUTSTANDING DEBTS

(Include charge accounts, installment contacts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	Account No.	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$
AUTOMOBILES (make, model, year)			\$	\$	\$
TRIBAL LOAN/DEBT	<input type="checkbox"/> HOP <input type="checkbox"/> Per-Capita Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other		\$	\$	\$
CHILD SUPPORT <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			\$	\$	\$
PAYDAY LENDER LOANS			\$	\$	\$
			\$	\$	\$
BANK/CREDIT UNION LOANS			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
OTHER			\$	\$	\$
RENT TO OWN (rent-a-center)			\$	\$	\$
			\$	\$	\$
		TOTAL DEBTS	\$	\$	\$



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Complete the following information about both the Applicant and Joint Applicant

Are you a co-signer on any loan or contract? No Yes If yes, for whom? _____
 To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____
 Amount? _____

Have you been declared bankrupt in the last 7 years? No Yes If yes, Where? _____ Year? _____

Do you have any outstanding collections? No Yes If yes, how many? _____ Total Amount Owed: \$ _____

Please list three (3) points of contacts. These are people we may contact should you become unavailable.

NAME	ADDRESS	PHONE NUMBER

SIGNATURES

I certify everything I have stated on this application and on any attachments is correct. Lender will keep this application whether or not it is approved. By signing below I authorize lender to check my credit and employment history and to answer questions others may ask lender about my credit record with lender. I understand that I must update credit information at Lender's request if my financial conditions change. Any false statement is cause to deny any loan.

 Applicant's Signature Date

 Co-Applicant's Signature Date



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Authorization to Release Information

I, _____
Name(s) of customer(s)

of _____
Address of Customer(s)

Hereby gives consent to release financial information to First Nations Community Financial.

To Whom It May Concern:

This authorizes all banks, financial institutions, tribal departments, employers, credit reporting agencies and any other companies to which I am indebted or have assets located, to release information concerning my finances, and assets without liability.

A Copy of this authorization may be accepted as an original.

Signature

Date

Signature

Date



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Credit Report Authorization

Name: _____
First Middle Last

Social Security: / /

Date of Birth: / /

Spouse: _____
First Middle Last

Social Security: / /

Date of Birth: / /

Both signatures are required if joint credit is requested.

I (we) hereby give permission to pull my (our) credit report. All information will be kept confidential. I (we) further understand that First nations Community Financial will not be held accountable for information received in this credit report.

Signature

Date

Signature

Date



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APPLICATION CERTIFICATION AUTHORIZATION and RELEASE

The undersigned, being duly authorized agent(s), principal(s), and officer(s) of the proposed borrower, collectively referred to as "Applicant", request that this "Application" be accepted for review and loan consideration by First Nations Community Financial ("FNCF"). Applicant hereby acknowledges that the Application includes the information contained herein, the attachments hereto and the information previously or subsequently provided to FNCF. The Applicant certifies that the Application is accurate and complete. Applicant understands that any material misstatement or misleading statement herein is cause for denial or rescission of any approval or assistance received in connection with this Application. Applicant hereby authorizes FNCF to obtain one or more credit reports on Applicant. Further, updated information may be requested from Ho-Chunk Nation Enrollment or Treasury, if necessary.

Applicant further authorizes FNCF, as it may deem appropriate, to obtain or to furnish and release all or any portion of the Application to all sources for financial or technical assistance in an effort to promote and make a determination on the Application. Applicant further authorizes FNCF and the sources for financial or technical assistance to provide each other any and all additional information produced by the FNCF and these sources of assistance, including but not limited to credit analysis performed and third-party information collected. As between FNCF, and the sources of financial or technical assistance, any information shared shall be provided on an "as is" basis without any representation or warranty. This includes programs of Ho-Chunk Nation where appropriate for benefit of applicant.

Applicant further agrees that FNCF shall not be held liable for any assistance or advice given to Applicant by any such referral entity. It is further understood that FNCF and all sources of financial and technical assistance are held without liability for any loss whatsoever that might be incurred by Applicant in any business or personal relationship that may be established in any activity Applicant should hereinafter undertake.

Applicant acknowledges that the FNCF, its directors, officers, employees, auditors, counsel, agents, including, but not limited to, Investment Committee members ("FNCF Representatives") are in possession of, or may access financial or other information concerning Applicant, or any of Applicant's principals, guarantors, subsidiaries or affiliates, and that such information may be shared in the consideration of this Application. FNCF Representatives also include consultants, advisors, sources of financial and technical assistance and others that FNCF may use to analyze the Applicant for the purpose of attracting potential investors. Applicant consents to the disclosure of such information among FNCF Representatives and releases FNCF and FNCF Representatives from any and all claims and causes of action that Applicant may have against FNCF or FNCF Representatives arising out of such disclosure and the consideration and disposition of this Application.

Applicant hereby acknowledges that FNCF does not guarantee any specific performance and that all approvals will be subject to the terms and conditions set forth in writing.

Proposed Borrower Name (Please Print): _____

Signature: _____ **Date:** _____

Proposed Borrower Name (Please Print): _____

Signature: _____ **Date:** _____

Officer Name (Please Print): _____ **Title:** _____