



Leech Lake Financial Services, Inc  
 113 Spruce Avenue NE  
 PO Box 848  
 Cass Lake, Mn 56633

tel. 218.339.3940  
 fax. 218.339.3944  
[www.lifinancial.org](http://www.lifinancial.org)

## CONSUMER LOAN APPLICATION

Today's Date \_\_\_\_\_

### PERSONAL INFORMATION

<b>NAME (FIRST, MIDDLE, LAST):</b>			
<b>PHYSICAL ADDRESS:</b>		<b>CITY:</b>	<b>STATE:</b>
<b>MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):</b>		<b>CITY:</b>	<b>STATE:</b>
<b>CELL PHONE:</b>	<b>WORK PHONE:</b>	<b>HOME PHONE:</b>	
<b>DATE OF BIRTH:</b>	<b>EMAIL:</b>		
<b>EMPLOYER:</b>			<b>DIVISION:</b>
<input type="checkbox"/> LLBO <input type="checkbox"/> LLTC <input type="checkbox"/> LLH <input type="checkbox"/> LLG <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____			
<b>TITLE:</b>	<b>SSN:</b>	<b>PAYROLL ID #</b>	
<b>RACE/ETHNICITY (SELECT ALL THAT APPLY)</b>			
<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> AMERICAN INDIAN (TRIBE) _____ <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> ALASKA NATIVE (VILLAGE) _____ <input type="checkbox"/> LATINO OR HISPANIC <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
<b>MARITAL STATUS:</b>			
<input type="checkbox"/> SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> IN A RELATIONSHIP <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> CIVIL UNION			
<b>HIGHEST EDUCATION LEVEL COMPLETED (CHOOSE ONE):</b>			
<input type="checkbox"/> SOME HIGH SCHOOL OR LESS <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> ASSOCIATE'S DEGREE OR SIMILAR (VOCATIONAL OR TECHNICAL DEGREE) <input type="checkbox"/> ADVANCED DEGREE (MASTER'S, DOCTORATE, ETC.) <input type="checkbox"/> GED			
<b>GENDER:</b>			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER			
<b>POPULATION CLASSIFICATION:</b>			
<input type="checkbox"/> RURAL <input type="checkbox"/> SUBURBAN <input type="checkbox"/> NON-URBAN <input type="checkbox"/> UNKNOWN			
<b>ARE YOU A VETERAN?</b>		<b>DO YOU HAVE A DISABILITY?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

### HOUSEHOLD INFORMATION

"Household" includes anyone you share income and expenses with, including: 1) your financial dependents (for example, your dependent children); 2) anyone you depend on financially (for example, your parents); and 3) anyone you are financially interdependent with (for example, your spouse or partner) Your household may or may not be the same as the people you live with.

**HOUSEHOLD SIZE (NUMBER OF PEOPLE, INCLUDING CHILDREN THAT SHARE INCOME AND EXPENSES IN YOUR HOUSEHOLD)**

_____	+	_____	=	_____
Number of adults over 18 (including yourself)		Number of Children under 18		Total size of Household

### LOAN INFORMATION

PLEASE TELL US ABOUT YOUR LOAN REQUEST		
<b>TYPE OF LOAN YOU'RE APPLYING FOR:</b> <input type="checkbox"/> CREDIT BUILDER/REPAIR (CBLP) <small>*Secured with PTO</small> <input type="checkbox"/> MINO MAAJI LOAN (M&M) <small>*Not Secured with PTO</small>	<b>LOAN AMOUNT REQUESTED:</b> \$ _____	<b>LOAN TERM REQUESTED:</b> <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 18 MONTHS
PLEASE DESCRIBE HOW YOU PLAN TO UTILIZE THIS LOAN IN MORE DETAIL:		





**Applicant Name:**

**Personal Financial Statement**

Please round to the nearest dollar when preparing this form

Note: These amounts are calculated by loan officer and reflect all given/obtained information on borrower.

Monthly Income (Take Home Pay)		Outstanding Debt Payments (Monthly)		
Description	Assets	Description	Monthly payment	Balance Owed
Salary/Wages By Month		Credit Card Payments		
Social Security		Student Loans		
Military Pay		Unpaid Taxes or past due taxes		
Pension/Retirement Income		Other Credit Loans or Accounts		
Bank and Investment Interest		Child Support/Alimony		
Alimony/Child Support		Other Debt Payments		
Rental Income		Other Debt Payments		
Unemployment		Rent / Mortgage		
Food Stamps		Auto Loan #1		
Royalties		Auto Loan # 2		
Business Income		Car Insurance		
Other -		Electricity / Utilities		
<b>TOTAL INCOME</b>		<b>TOTAL LIABILITIES</b>		

**OTHER OBLIGATIONS THAT YOU OWE SUCH AS ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE**

Description	Amount	Past Due?		Description	Amount	Past Due?	
		Yes No					Yes No
		Yes No					Yes No
		Yes No					Yes No
		Yes No					Yes No

Are you a co-maker, endorser, or guarantor on any loan or contract?	No Yes →	If yes, for whom, lender or contract holder.	Amount
Are there any unsatisfied judgments against you?	No Yes →	If yes, to whom owed?	Amount
Have you declared bankruptcy in the last ten years?	No Yes →	If yes, in what city and state?	Year

**APPLICANT CERTIFICATION AND SIGNATURE**

I authorize \_\_\_\_\_ to make inquiries necessary to verify the accuracy of the statements made in this application and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits from \_\_\_\_\_. I understand that the \_\_\_\_\_ will retain this application whether or not it is approved for credit. If this credit application is approved and a loan is given, I authorize the \_\_\_\_\_ to answer queries regarding their credit experience with me.

\* I have attached additional information \_\_\_ No \_\_\_ Yes → Please write applicant name on each attached page.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ATTACHMENTS**

Please attach the following:  
 1. Three most recent paystubs  
 2. Any other income, please provide documentation



## ***AUTHORIZATION TO OBTAIN CREDIT INFORMATION***

By signing below, I/we hereby authorize Leech Lake Financial Services, Inc., its agents or assigns, to verify my past and present employment earnings records, past and present employment status, bank accounts, stock holds, and any other asset balances.

I/we further authorize Leech Lake Financial Services, Inc., its agents or assigns, to order a consumer credit report from a reporting company chosen by Leech Lake Financial Services, Inc.

I/we understand that this credit report will be retained on file at Leech Lake Financial Services, Inc., its agents or assigns, obtains is to be used for the purpose of evaluating my/our financial readiness to be granted a loan, and the lending risk associated with Leech Lake Financial Services, Inc.

This information may also be obtained in conjunction with a quality control review of the file after the loan has been closed.

\_\_\_\_\_  
Applicant's printed name      *(First, Middle, Last)*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Privacy Act Notice:** The information to be obtained will be used by the lender, its agents or assigns, and any federal agency insuring, guaranteeing, or purchasing the Loan to determine whether you qualify as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender or the federal agency without your consent except to the person, or company verifying the information including, but not limited to, your employer, bank, lender, and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us the information but if you do not, your loan application may be delayed or rejected.



Leech Lake Financial Services Inc

# Release of Information Form

Leech Lake Financial Services Inc considers all contents of the personnel file to be confidential. In order for specific information to be released from a current or former employee's personnel file, this Release of Information Form must be completed and signed by the employee.

Name of Employee: \_\_\_\_\_

ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Worksite \_\_\_\_\_



I am giving my authorization for the LLFS Personnel/Payroll Department to release copies of the following information from my personnel file:

- Verification Outstanding Debt owed to LLFS
- Amount of Leave Hours
- Verification of Outstanding Loan Status
- Employment Verification/Status
- Rate of Pay
- \_\_\_\_\_  
Other Eligibility needs

This information is to be (Check the box that applies):



Given to me. I will pick up the photocopies of what I have requested above



Photocopied and mailed / faxed to me at:

- Mailing Address: \_\_\_\_\_
- Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_



Provided to:

- Person/Company Name: Leech Lake Financial Services, Inc.
- Mailing Address: PO BOX 848 • Cass Lake, MN • 56633
- Fax #: 218.339.3944 Phone #: 218.339.3940

*I understand that this release of information is valid ONLY for this one time use. If I am in need of further information to be released for any purpose, it is my responsibility to complete a whole new Release of Information Form. Leech Lake Financial Services, Inc. is not responsible for any of the information once it has been given as directed above. LLFS also reserves the right to refuse to release any information to anyone if this form is not completed correctly or signed by the current/former employee requesting it.*

Full Signature (First M Last) \_\_\_\_\_

Date \_\_\_\_\_

Received by: (Human Resources Representative Signature) \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY:**

- Picked up by employee on: \_\_\_\_\_ Mailed out on: \_\_\_\_\_
- Fax confirmed on: \_\_\_\_\_

Task completed by: \_\_\_\_\_

Signature

Date