



First Nations Community Financial

Commercial Loan Application

Application Checklist

Please include the following:

- A completed application, be sure to include:
List of current loans and credit lines with account numbers and addresses.
- A completed business plan workbook.
- Please bring a copy of your Tribal I.D. (If you are a Tribal Member).
- Original pay stubs for the last 30 days (consecutive dates). We cannot use 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.
- Please bring your checkbook/cash so you can pay for a processing fee of \$50.00. (The \$50.00 processing fee is non-refundable and is to cover charges for pulling your credit/criminal background report. This fee must be paid before your application will be processed).
- We need all borrowers' signatures on the application—so if all borrowers are not coming to the interview, be sure their signatures are obtained ahead of time.



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TYPE OF CREDIT REQUESTED				FOR CREDITOR USE			
Check the appropriate boxes below and complete the applicable sections. <input type="checkbox"/> INDIVIDUAL CREDIT-relying solely on my income or assets. <input type="checkbox"/> JOINT CREDIT-We intend to apply for joint credit.				DATE: _____		PROCESSING FEE: \$ 50.00 <input type="checkbox"/> Received	
AMOUNT REQUESTED \$ _____ USE OF FUNDS: _____				<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED		(Initials) _____	
INDIVIDUAL APPLICANT INFORMATION				JOINT APPLICANT			
NAME (Last, First, Middle)				NAME (Last, First, Middle)			
ARE YOU A TRIBAL MEMBER? <input type="checkbox"/> No <input type="checkbox"/> Yes				ARE YOU A TRIBAL MEMBER? <input type="checkbox"/> No <input type="checkbox"/> Yes			
TRIBAL ID #				TRIBAL ID #			
TRIBAL AFFILIATION				TRIBAL AFFILIATION			
BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
M arital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated				M arital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated			
PHYSICAL ADDRESS (Street, City, State, & Zip)				PHYSICAL ADDRESS (Street, City, State, & Zip)			
COUNTY				COUNTY			
Do you own or rent <input type="checkbox"/> Own		HOWLONG?		Do you own or rent <input type="checkbox"/> Own		HOWLONG?	
<input type="checkbox"/> Rent		HOWLONG?		<input type="checkbox"/> Rent		HOWLONG?	
PREVIOUS PHYSICAL ADDRESS (Street, City, State, & Zip) (Complete if less than 1 year at present address)				PREVIOUS PHYSICAL ADDRESS (Street, City, State, & Zip) (Complete if less than 1 year at present address)			
Did you own or rent <input type="checkbox"/> Own		HOWLONG?		Did you own or rent <input type="checkbox"/> Own		HOWLONG?	
<input type="checkbox"/> Rent		HOWLONG?		<input type="checkbox"/> Rent		HOWLONG?	
EMPLOYER (Company Name, Address, & Phone Number)				EMPLOYER (Company Name, Address, & Phone Number)			
HOWLONG?		POSITION		HOWLONG?		POSITION	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal			
PREVIOUS EMPLOYER (Company Name, Address, & Phone Number)				PREVIOUS EMPLOYER (Company Name, Address, & Phone Number)			
HOWLONG?		POSITION		HOWLONG?		POSITION	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal			
SALARY PER MONTH				SALARY PER MONTH			
GROSS: \$				GROSS: \$			
PER CAPITA INCOME \$				PER CAPITA INCOME \$			
SOURCES OF OTHER INCOME			AMOUNT PER MONTH	SOURCES OF OTHER INCOME			AMOUNT PER MONTH
			\$				\$
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain				Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain			



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INDIVIDUAL APPLICANT INFORMATION		JOINT APPLICANT	
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?	
NO. ADULT HOUSEHOLD MEMBERS		NO. ADULT HOUSEHOLD MEMBERS	
NO. DEPENDENT(S)		NO. DEPENDENT(S)	
AGES OF DEPENDENT(S)		AGES OF DEPENDENT(S)	
ASSETS OWNED			
(Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME & ADDRESS OF BUSINESS	IS THIS ACCOUNT SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NO. Name in which the account is held?			\$
SAVING ACCOUNT NO. Name in which the account is held?			\$
CERTIFICATE OF DEPOSIT Name in which the account is held?			\$
REAL ESTATE Name in which the account is held? (Location, date acquired)		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
CASH VALUE LIFE INSURANCE Name in which the account is held? (issuer, face value)			\$
AUTOMOBILES (make, model, year)		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
OTHER(S) (List)			\$
			\$
INDIVIDUAL INVESTMENTS			
STOCKS, BONDS			
MUTUAL FUNDS			
			\$
TOTAL ASSETS			\$



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OUTSTANDING DEBTS					
(Include charge accounts, installment contracts, 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 <small>(make, model, year)</small>			\$	\$	\$
			\$	\$	\$
TRIBAL LOAN/ DEBT	<input type="checkbox"/> HOP <input type="checkbox"/> Per-Capita Loan <input type="checkbox"/> Other		\$	\$	\$
CHILD SUPPORT	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		\$	\$	\$
STUDENT LOAN(S)			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
PAY DAY LENDER LOANS			\$	\$	\$
			\$	\$	\$
BANK/CREDIT UNION LOANS			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
CREDIT CARDS			\$	\$	\$
			\$	\$	\$
OTHER			\$	\$	\$
			\$	\$	\$
RENT TO OWN <small>(rent-a-center)</small>			\$	\$	\$
			\$	\$	\$
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?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, for whom?		To Whom?	
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, to whom owed?		Amount \$	
Have you been declared bankrupt in the last 7 years?		If yes, where?		Year?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you have any outstanding collections?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how many?		Total Amount Owed \$	

Please provide 3 Professional Business references in the same line of business for this loan?

Name	Business	Business Address	Business Phone	Years Known

SIGNATURES

I certify that 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 _____ of
Name(s) of Customer(s)

Address of Customer(s)

Hereby give 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 and share information concerning my finances, and assets without liability.

This authorization is valid for the life of the loan.

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

Signature

Date

Signature

Date



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Credit Report/Criminal Background Authorization

NAME:

FIRST MIDDLE LAST

SPOUSE:

FIRST MIDDLE LAST

ADDRESS:

CITY STATE ZIP

Social Security # / /

Spouse Social Security # / /

Date of Birth / /

Spouse 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 and the Ho-Chunk Compliance Department will not be held accountable for information received on this credit/criminal background report.

Signature Date

Signature Date