



First Nations Community Financial

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

EMERGENCY ASSISTANCE LOAN APPLICATION PLEASE PRINT CLEARLY

Name-Last, First, MI

Social Security #

Mailing Address

Ho-Chunk Enrollment # (last 4 digits)

City State Zip

Date of Birth

Place of Employment

Date Employed

(Area Code) Daytime Phone Number

Amount Requested:

HO-CHUNK NATION WAIVER & ASSIGNMENT OF PER CAPITA

The undersigned hereby gives First Nations Community Financial permission to verify the information on this application. Upon signing, I certify that I have read and understand the terms of the Quick Loan Fund Policy. I understand that any false information or dishonesty may result in ineligibility to receive a loan from First Nations Community Financial now and in the future.

Upon receipt of a loan from First Nations Community Financial, I hereby irrevocably waive my right to receive the next scheduled or following scheduled quarterly per capita distribution and assign the pledged amount to First Nations Community Financial including any applicable processing fee. I understand that by signing this agreement I am giving irrevocable permission to First Nations Community Financial to automatically withhold any and all amounts due for repayment of my quick loan without further consent from me.

SIGNED THIS _____ DAY OF _____, 20_____

STATE OF: _____ COUNTY OF: _____

SIGNATURE OF MEMBER

NOTORIZED BY

MY COMMISSION EXPIRES ON _____ / _____ / _____

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 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