

Lender: **White Earth Investment Initiative**
PO Box 38
Ogema, MN 56569

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 other party; or (4) you are married to the co-applicant and reside in, or the property is located in, a community property State, if you are married, your spouse need not be jointly obligated with you 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 _____ FULL NAME _____ M/D/Y	Birth Date _____ Age _____ FULL NAME _____ M/D/Y
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 _____	
Type of Business _____ Position/Title _____ PREVIOUS EMPLOYER--How Long _____ (Complete if current job held less than two years)		Type of Business _____ Position/Title _____ PREVIOUS EMPLOYER--How Long _____ (Complete if current job held less than two years)	
Type of Business _____ Position/Title _____ Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Business _____ Position/Title _____ 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	
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: _____

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

NADA Ave. Loan \$ _____ Month _____ Yr. _____ Page _____
 Ave. Trd-In _____

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:

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I HAVE APPLIED FOR AN EXTENSION OF CREDIT WITH YOU. IF YOU ARE SOLICITING, OFFERING OR SELLING ME AN INSURANCE PRODUCT OR ANNUITY IN CONNECTION WITH THIS EXTENSION OF CREDIT, **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

- MY PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM YOU OR FROM ANY OF YOUR AFFILIATES; OR
- MY AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON ME FROM OBTAINING, AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS FORM ON TODAY'S DATE UNLESS THIS DISCLOSURE PROVIDED ELECTRONICALLY OR I HAVE APPLIED FOR CREDIT BY MAIL, I ALSO ACKNOWLEDGE THAT YOU HAVE PROVIDED THIS DISCLOSURE TO ME ORALLY.

BORROWER

BORROWER

DATE