



# LOAN APPLICATION

FOR NNDF USE ONLY
DATE RECEIVED
PRODUCT
RATE

CONSUMER <input type="checkbox"/> CREDIT BUILDER <input type="checkbox"/> EMERGENCY	BUSINESS <input type="checkbox"/> START UP <input type="checkbox"/> EXPANSION <input type="checkbox"/> OTHER	AMOUNT REQUESTED \$ _____ LOAN PURPOSE: _____
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FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH	SS#
HOME ADDRESS			<input type="checkbox"/> RENT <input type="checkbox"/> OWN	EMAIL ADDRESS
HOME PHONE ( )	MORTGAGE/RENT PAYMENT \$	MORTGAGE HOLDER/LANDLORD	YRS/MONTHS THERE	
PREVIOUS ADDRESS (IF LESS THEN 2 YRS AT ABOVE ADDRESS)			YRS/MONTHS THERE	
NAME AND ADDRESS OF EMPLOYER		POSITION/OCCUPATION	YRS/MONTHS THERE	GROSS ANNUAL INCOME
NOTE; You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit			OTHER INCOME:	
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF LESS THAN 2 YRS AT CURRENT EMPLOYMENT)			POSITION/OCCUPATION	YRS/MONTHS THERE
CHECKING ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	BANK/ADDRESS		

FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH	SS#
HOME ADDRESS			<input type="checkbox"/> RENT <input type="checkbox"/> OWN	EMAIL ADDRESS
HOME PHONE ( )	MORTGAGE/RENT PAYMENT \$	MORTGAGE HOLDER/LANDLORD	YRS/MONTHS THERE	
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NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF LESS THAN 2 YRS AT CURRENT EMPLOYMENT)			POSITION/OCCUPATION	YRS/MONTHS THERE
CHECKING ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	BANK/ADDRESS		

LIST ALL YOUR CURRENT OBLIGATIONS, INCLUDING FINANCIAL INSTITUTIONS, DEPARTMENT STORES, CREDIT CARDS, LEASES, ALIMONY AND CHILD SUPPORT, ETC.					
RESPONSIBILITY (X) APPLICANT	CO-APPLICANT	CREDITOR	CURRENT OUTSTANDING BALANCE	MONTHLY PAY (OR OTHER TERM)	CHECK DEBTS TO BE PAID BY THIS LOAN
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

ARE YOU REQUIRED TO PAY ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE? MONTHLY AMT \$
ARE YOU A CO-SIGNER ON A LOAN?
HAVE YOU EVER BEEN THE SUBJECT OF BANKRUPTCY PROCEEDINGS OR ARE THERE UNSATISFIED JUDGEMENTS AGAINST YOU? IF YES, WHEN?
NEAREST RELATIVE NOT LIVING WITH YOU PHONE
By signing below, you promise that you have completed this application truthfully. You authorize us to check your credit record, including your credit report, and to receive and exchange information with others about your credit history. We will keep this application whether or not we approve it. If your application is approved, you agree to the terms including repayment terms and the agreement(s) we provide governing the accounts. By signing below, you also agree that it is a federal crime, punishable by fine or imprisonment or both to knowingly make any false statements concerning information requested on this application, under the provisions of Title 18 United States Code, Section 1014.
We the undersigned acknowledge that we are applying for joint credit.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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## **AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a loan from the Northwest Native Development Fund (NNDF), I am required to furnish information for use in determining my loan performance and credit qualifications. The purpose of this authorization and release is for these same NNDF loan application requirements. The release of the information requested is voluntary. However, failure to complete this release may result in an incomplete application.

I authorize release of any information related to my activities, property interests (real/personal), businesses, financial and debt history, and interactions with Colville Tribal Credit Corp, other Finance Corp. I authorize the release and/or confirmation of my address held on file at the enrollment departments of the Colville Tribe and Spokane Tribe of Indians.

I authorize review and copying of all documents.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(All entries are confidentially collected for grantee data collection)

<p><b>First/Last Name</b></p> <p><b>Mailing Address</b></p>	<p><b>Phone Number</b></p> <p><b>Email Address</b></p>
<p><b>Male</b></p> <p><b>Female</b></p>	<p><b>Single</b></p> <p><b>Married</b></p> <p><b>Divorced</b></p>
<p><b>Employment Status</b></p> <p><b>Full Time</b></p> <p><b>Part Time</b></p> <p><b>Unemployed</b></p> <p><b>Student</b></p>	<p><b>Education Level</b></p> <p><b>Less than High School</b></p> <p><b>High School Grad</b></p> <p><b>GED</b></p> <p><b>Some College</b></p> <p><b>College Graduate</b></p>
<p><b>Ethnicity</b></p> <p><b>Caucasian</b></p> <p><b>Hispanic/Latino</b></p> <p><b>African American</b></p> <p><b>Alaska Native</b></p> <p><b>Other:</b></p> <p><b>Native American</b></p> <p><b>Tribal Affiliation:</b></p> <p><b>Enrollment No:</b></p> <p>Please note that descendants will be expected to provide a verification of descendency, which is available, by request, through your Tribe's enrollment department</p> <p><b>(For Business Clients, specifically)</b></p>	<p><b>Disability Status</b></p> <p><b>No Disability</b></p> <p><b>Disabled</b></p> <p><b>Current Annual Family Income:</b></p> <p><b>Number of Dependents:</b></p> <p><b>Currently Receiving Public Assistance? (Please Specify)</b></p> <p><b>Veteran Status</b></p> <p><b>Veteran</b></p> <p><b>Non-Veteran</b></p> <p><b>Check all that are applicable to your Business</b></p>



**NORTHWEST  
NATIVE  
DEVELOPMENT  
FUND**

504 Fir Street · Coulee Dam, WA · 99155 · Phone: (509) 633-9940 · www.thenndf.org

<p><b>Business Name:</b></p> <p><b>Business Address:</b></p> <p><b>Type of Business</b></p> <ul style="list-style-type: none"><li>Retail</li><li>Service</li><li>Wholesale</li><li>Construction</li><li>Agricultural</li><li>Other</li></ul> <p><b>Brief Description of your Business:</b></p>	<p>Female Owned Business Based/Operates on Reservation Primary Source of Income</p> <p>Sole Proprietor Partnership Corporation LCC S-Corp</p>
<p><b>Business' Current Annual Gross Revenue?</b></p> <p><b>Current # of Employees?</b> (Please specify part/full time)</p>	<p>Do you have a business bank account? (Separate from your personal account)</p> <p>Do you manage your business finances?</p> <p>Do you have an accountant/bookkeeper?</p> <p>If yes, can you please provide contact information:</p>
<p><b>Interested in</b></p> <ul style="list-style-type: none"><li>Consumer Loan</li><li>Business Loan</li><li>Classes/Workshops</li><li>Financial Counseling</li></ul>	<p><b>Referred to NPDF by</b></p> <ul style="list-style-type: none"><li>Newspaper</li><li>Internet</li><li>Tribal Broadcast</li><li>Word of Mouth</li></ul>

Business Loan Document List:

- 1. Loan Application
- 2. Photo ID
- 3. Business Plan (Two years prior projection income)
- 4. Bank Statement
- 5. Tax Return ( min 2 years)
- 6. Assets List (include serial, model, year)
- 7. Business documents (license, articles of incorporation, etc.)

**\*ADDITIONAL DOCUMENTATION MAY BE REQUESTED**