



CHI ISHOBAK

CLIENT INTAKE FORM

CONTACT INFORMATION			
First Name:	Middle Name:	Last Name:	
Social Security Number:		Date of Birth:	
Mailing Address:	City:	State:	Zip:
Physical Address (if different):	City:	State:	Zip:
Email:	County:		
Cell Phone:	Work Phone:	Home Phone:	
What is the best way to contact you?		Would you like to be included on our mailing list?	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Affiliation:		Tribal Enrollment Number:	
<input type="checkbox"/> Pokagon Band of Potawatomi <input type="checkbox"/> Other Tribe:			
Employee Affiliation:		Position:	Hire Date:
<input type="checkbox"/> Pokagon Band Government Employee <input type="checkbox"/> Four Winds Casino Resort Employee			
Highest Level of Education Completed:			
<input type="checkbox"/> Some High School or less <input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree			
Employment Status:			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student, Job Training <input type="checkbox"/> Retired			
Checking Account:		Savings Account:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know your credit score?		Credit Score	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, how would you describe your credit score?	
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Self-Employed <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> No Credit	
Do you have any active collections/judgments?	Did you file Federal and State Income Taxes last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about Chi Ishobak?	
<input type="checkbox"/> Website <input type="checkbox"/> Newsletter <input type="checkbox"/> Brochure/Rack Card <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Referral <input type="checkbox"/> Social Media	

PERSONAL INFORMATION

Our organization is frequently funded by the Federal Government and as such we request your gender and race/ethnicity in order to comply with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

I do not wish to furnish gender, ethnicity, and race information. Initials

Gender:	Ethnicity:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	
<input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other:	

YOUR INTERESTS

What are you interested in?	
<input type="checkbox"/> Loan	<input type="checkbox"/> One-on-One Technical Assistance
<input type="checkbox"/> Business Start-up/Expansion <input type="checkbox"/> Automobile Purchase/Re-finance/Repair <input type="checkbox"/> Credit Builder <input type="checkbox"/> Emergency Home Improvement	<input type="checkbox"/> Business Development/Planning <input type="checkbox"/> Business Management <input type="checkbox"/> Personal Financial Management <input type="checkbox"/> Credit Building/Repair

BUSINESS INFORMATION AND INTEREST

Do you currently own a business?	What is the name of your business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What date did you start your business?	What industry does your business operate in?
Please provide a general description of your business, including the products/services you offer:	
Are you interested in expanding your existing business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the business expansion project:	
Are you interested in starting a new business?	Do you have a business plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable writing a business plan?	What industry would your business operate in?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide a general description of the business you would like to start, including the products/services you would offer:	

FINANCIAL INFORMATION

Total Size of Household:		Number of Adults over 18:		Number of Children under 18:	
Gross Salary/Wages per month			Net Salary/Wages per month		
\$			\$		
Other Sources of Income					
\$		Source:		\$	
Do you receive TANF?			Do you receive SNAP/EBT?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you receive any other benefits?			If yes, please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is any income listed in this section likely to be reduced in the next two years?			If yes, please explain		
<input type="checkbox"/> Yes <input type="checkbox"/> No					



CHI ISHOBAK

CONSUMER LOAN APPLICATION

FUNDING REQUEST		
Type of Loan Application		
<input type="checkbox"/> Automobile Purchase	<input type="checkbox"/> Automobile Repair	<input type="checkbox"/> Automobile Re-Finance
<input type="checkbox"/> Credit Builder	<input type="checkbox"/> Emergency Home Improvement	Yr: Make: Model:
Loan Amount Requested*:	Describe how you plan to utilize this loan in more detail:	
\$		

Processing Fees due at closing: \$100 for loans up to \$5,000 and \$150 for loans over \$5,000.

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Do you have funds for a down payment?	If yes, how much?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Have you applied for a loan with Chi Ishobak before?	Are your personal taxes past due?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been involved in bankruptcy proceedings or insolvency proceedings or have pending personal or business judgments, unsettled lawsuits, or major disputes?	If yes, please describe:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

CO-APPLICANT INFORMATION			
First Name:	Middle Name:	Last Name:	
Do you have funds for a down payment?	Social Security Number:	Date Of Birth:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____			
Have you applied for a loan with Chi Ishobak before?	Are your personal taxes past due?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been involved in bankruptcy proceedings or insolvency proceedings or have pending personal or business judgments, unsettled lawsuits, or major disputes?	If yes, please describe:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICANT CREDIT INFORMATION

Have you ever received credit from a bank?			If yes, bank name:		Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Accounts					
Checking Account #:				Bank Name:	
Savings Account #:				Bank Name:	
List Three (3) References					
Name:		Address:		Phone:	

CO-APPLICANT CREDIT INFORMATION

Have you ever received credit from a bank?			If yes, bank name:		Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Accounts					
Checking Account #:				Bank Name:	
Savings Account #:				Bank Name:	
List Three (3) References					
Name:		Address:		Phone:	

APPLICATION SUPPORTING DOCUMENTS

All documentation listed below must be received by Chi Ishobak in order to process this loan application:	
<ul style="list-style-type: none"> <input type="checkbox"/> Intake Form <input type="checkbox"/> Copy of Driver's License or State issued ID <input type="checkbox"/> Copy of Tribal ID or Employee Badge <input type="checkbox"/> Three Most Recent Pay Stubs <input type="checkbox"/> Current Bank Statement <input type="checkbox"/> Personal Financial Statement 	<p>For Auto Refinances: Year: _____ Make: _____ Model: _____ Trim Level: _____ Mileage: _____</p> <p>For All Loans: If approved there is a Loan Processing Fee DUE AT CLOSING \$100 for loans up to \$5000 & \$150 for loans over \$5000</p>

BORROWER'S ACKNOWLEDGEMENT

I hereby certify that the information stated in this application and on any attachment is valid and correct to the best of my knowledge. Further, I hereby authorize Chi Ishobak to make all inquiries it deems necessary to verify the accuracy of the information provided herein. I understand that should my loan be approved, prior to closing, Chi Ishobak will charge a processing fee that is due at the time of closing and a financial wellness fee that is rolled into the loan.

Applicant's Signature

Date

Co-Applicant's Signature

Date

RELEASE OF INFORMATION

I have applied for assistance or obtained a loan from Chi Ishobak, Inc. (Chi Ishobak). As part of the process, Chi Ishobak may verify information and other documents required in connection with this request. I authorize you to provide to Chi Ishobak for verification purposes the following information:

- Credit Report
- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.
- Per Capita/Enrollment Information.

I acknowledge that this credit report inquiry will appear on my record and is done in this way to receive my credit score and full report.

I understand that under the Right to Financial Privacy Act of 1978, 12 USC, et seq., Chi Ishobak is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to Chi Ishobak without further notice or authorization, but will not be disclosed or released by Chi Ishobak to any other person or agency without my consent except as required or permitted by law.

The information Chi Ishobak obtains is only to be used in the processing of my request for assistance. A copy of this authorization may be accepted as an original.

Applicant's Signature

Date

Co-Applicant's Signature

Date



CHI ISHOBAK

PERSONAL FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Liquid Assets		Short-Term	
Cash (checking & savings):	\$	Car Loan:	\$
Short-Term Investments:	\$	Credit Cards:	\$
Cash Value of Life Insurance:	\$	Installment Loans:	\$
Money Market Funds:	\$	Unpaid Taxes:	\$
Savings Certificates:	\$	Other Debt:	\$
Total Liquid Assets:	\$	Total Short-Term	\$
Investment Assets		Long-Term	
Real Estate:	\$	Home Mortgage:	\$
Retirement Funds:	\$	Student Loans:	\$
Stocks & Bonds:	\$	Loan to Acquire Business:	\$
Total Investment Assets:	\$	Total Long-Term:	\$
Personal Assets		Contingent Liabilities	
Residence:	\$	Tax Liens:	\$
Art/Antiques/Furnishings	\$	Garnishments:	\$
Vehicles:	\$	Guarantor Loans:	\$
Other:	\$	Other:	\$
Total Personal Assets:	\$	Total Contingent Liabilities:	\$
Total Assets	\$	Total Liabilities	\$

Net Worth	\$	Debt-to-Equity	\$
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CHECKING / SAVINGS ACCOUNTS

Account	Name	Institution	Balance
Checking:			\$
Savings:			\$
Total Cash from Checking/Savings			\$

DEBT SCHEDULE

Lender/Creditor	Loan Type	Original Amount	Current Balance	Monthly Payment	Interest Rate
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
		\$	\$	\$	%
Total Debt Payment				\$	

MONTHLY FINANCES

Income		Expenses	
Borrowers Salary:	\$	Mortgage/Rent:	\$
Spouses Salary:	\$	Insurance:	\$
Per Capita Distributions:	\$	Utilities (gas, electric, etc.):	\$
Alimony/Child Support:	\$	Groceries/Food:	\$
TANF/SNAP/EBT:	\$	Phone/Cable/Internet:	\$
Other:	\$	Other:	\$
Total Monthly Income:	\$	Total Monthly Expenses:	\$

I represent and warrant that Chi Ishobak is relying on the above information to make a decision regarding the extension of credit. I promise that this is true statement of my financial condition as of the date listed below.

Applicant's Signature

Date

Co-Applicant's Signature

Date