

Consumer Loan Application

| 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: | |
| | | | | |
| Which is your preferred phone numb | oer? | Would you like to be included in our mailing list? | | |
| □ Cell □ Work □ Home | | ☐ Yes ☐ No | | |
| Tribal Affiliation: | | Tribal Enrollment Number: | | |
| ☐ Pokagon Band of Potawatomi☐ Other Tribe: | | | | |
| Employee Affiliation: | | Position: | Hire Date: | |
| ☐ Pokagon Band Government Employee ☐ Four Winds Casino Resort Employee | | | | |
| Highest Level of Education Completed: | | | | |
| ☐ Some High School or less ☐ GED ☐ Associate's Degree ☐ Advanced Degree ☐ High School Diploma ☐ Some College ☐ Bachelor's Degree | | | ☐ Advanced Degree | |
| Employment Status: | | | | |
| \square Full-Time \square Part-Time \square Self-Employed \square Unemployed \square Student, Job Training \square Retired | | | | |
| Checking Account: | | Savings Account: | | |
| □ Yes □ No | | ☐ Yes ☐ No | | |
| Do you know your credit score? | | Credit Score: | | |
| ☐ Yes ☐ No | | | | |

| Contact Information | | | | | |
|---|---|--|--|--|--|
| If yes, how would you describe your credit score? | | | | | |
| ☐ Excellent ☐ Good ☐ Average | ☐ Bad ☐ No Credit | | | | |
| Do you have any active collections/judgments? | Did you file Federal and State Income Taxes last year? | | | | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | | | | |
| How did you learn about Chi Ishobak? | | | | | |
| ☐ Website ☐ Newsletter ☐ Brochure/Rack Card | \square Word of Mouth \square Referral \square Social Media | | | | |
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| | | | | | |
| Persona | l 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: | | | | |
| | ☐ Hispanic or Latino ☐ Not Hispanic or Latino | | | | |
| Race: | | | | | |
| ☐ African American ☐ Caucasian ☐ Native American ☐ Asian ☐ Other: | | | | | |
| Your Interests | | | | | |
| What are you interested in? | | | | | |
| Loan | ☐ One-on-One Technical Assistance | | | | |
| □ Personal □ Business Start-up/Expansion □ Automobile Purchase/Re-finance/Repair □ Credit Builder □ Emergency Home Improvement | ☐ Business Development/Planning ☐ Business Management ☐ Personal Financial Management ☐ Credit Building/Repair | | | | |

| Business Information and Interest | | | | |
|--|---|--|--|--|
| Do you currently own a business? | What is the name of your business? | | | |
| □ Yes □ 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? | | | | |
| ☐ Yes ☐ No | | | | |
| Please describe the business expansion project: | | | | |
| | | | | |
| | | | | |
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| | | | | |
| Are you interested in starting a new business? | Do you have a business plan? | | | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | | | |
| Are you comfortable writing a business plan? | What industry would your business operate in? | | | |
| ☐ Yes ☐ No | | | | |
| Please provide a general description of the business you would like to start, including the products/services you would offer: | | | | |
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| Financial Information | | | | |
|--|---------------------------|--------------------------|------------------------------|--|
| Total size of household: | Number of adults over 18: | | Jumber of children under 18: | |
| | | | | |
| Name of employer: | | | | |
| | | | | |
| ☐ Hourly ☐ Salary Avg weekly hrs Wages earned per week/biweekly | | | | |
| Other sources of income? | | Source: | | |
| \$ | | | | |
| Do you receive TANF? | | Do you receive SNAP/EBT? | | |
| ☐ Yes ☐ No | | □ Yes □ No | | |
| Do you receive any other benefits? | | If yes, please explain: | | |
| ☐ Yes ☐ No | | | | |
| In any income listed in this section likely to be reduced in the next two years? | | If yes, pl | lease explain: | |
| ☐ Yes ☐ No | | | | |

| Funding Request | | | |
|---|-----------------|--|--|
| Type of Loan Application: | | | |
| □ Automobile Purchase □ Automobile Re-finance □ Automobile Repair □ Personal □ Credit Builder □ Emergency Home Improvement | | | |
| Loan Amount Requested: | | Describe how you plan to utilize this loan in more detail: | |
| | | | |
| Ti W | Applicant Inf | | |
| First Name: | Middle Name: | Last Name: | |
| Do you have funds for a down payme |) n+2 | If you have much? | |
| Yes No | entr | If yes, how much? | |
| Have you applied for a loan with Chi | Ishahal hafara? | Are your personal taxes past due? | |
| Yes No | ISHODAR DEIOLE: | Yes □ No | |
| Have you been involved in bankruptcy proceedings or insolvency proceedings or have pending personal or business judgments, unsettled lawsuits, or major disputes? Yes No | | If yes, please describe: | |
| CO-Applicant Information | | | |
| First Name: | Middle Name: | Last Name: | |
| | | | |
| Social Security Number: | | Date of Birth: | |
| | | | |
| Do you have funds for a down payment? | | If yes, how much? | |
| ☐ Yes ☐ No | | | |
| Have you applied for a loan with Chi Ishobak before? | | Are your personal taxes past due? | |
| ☐ Yes ☐ No | | ☐ Yes ☐ 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: | |
| ☐ Yes ☐ No | | | |

| Applicant Credit Information | | | | |
|--|-------------------------|----------------------|---------------------------|--|
| Have you ever received credit from a bank? | If yes, bank name | <u>:</u> | Date: | |
| ☐ Yes ☐ No | | | | |
| Current Accounts: | · | | · | |
| Checking Account # | | Bank Name: | | |
| Savings Account # | | Bank Name: | | |
| List three references: | | | | |
| Name: | | Phone: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Co-Appli | cant Credit Informat | ion | | |
| Have you ever received credit from a bank? | If yes, bank name | | Date: | |
| ☐ Yes ☐ No | | | | |
| Current Accounts: | | | | |
| Checking Account # | | Bank Name: | | |
| Savings Account # | | Bank Name: | | |
| List three references | | | | |
| Name: | | Phone: | | |
| | | | | |
| | | | | |
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| | | | | |
| Applicatio | n Supporting Docum | ients | | |
| All documentation listed below must be received by Ch | | | lication: | |
| | | | | |
| ☐ Intake form ☐ Copy of driver's license or state issued ID ☐ Copy of Tribal ID or employee badge ☐ Three most recent pay stubs | | | | |
| □Current bank statement □Billing estimates/Statements v | | when applicable | | |
| | | | | |
| | | | | |
| Borrowe | er's Acknowledgeme | ent | | |
| I hereby certify that the information stated in this appli knowledge. Further, I hereby authorize Chi Ishobak to information provided herein. I understand that should processing fee and a financial wellness fee. | make all inquiries it d | eems necessary to ve | erify the accuracy of the | |
| 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 |

Monthly Finances

| Income | |
|--------------------------|--|
| Borrowers Salary | |
| Spouses Salary | |
| Per Capita Distributions | |
| Alimony/Child Support | |
| TANF/SNAP/EBT | |
| Other | |
| TOTAL MONTHLY INCOME | |

| Expenses | |
|---------------------------------|--|
| Housing - Rent/Mortgage | |
| Insurance | |
| Utilities (gas, electric, etc.) | |
| Groceries/Food | |
| Phone/Cable/Internet | |
| Other | |
| 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 | | |