



# Five Rivers Loan Fund, Inc.

## INDIVIDUAL Loan Application

P.O. Box 805, Happy Camp, CA 96039

# ELP

Emergency Loan Program

Ph: 530-493-2558

**Please make sure that all information in this application is accurate and fully completed. The application must be completed in full with all attachments in order for it to be processed. PLEASE be sure to attach copies of the following information:**



- Copy of Social Security Card
- Copy of Driver's License
- Verification of Income: 2 current paycheck stubs showing current and year-to-date income.
- Copies of Bank Statements for the last two months, including checking and savings accounts.
- Background information: If you checked "YES" to any question, please include complete information including any felony convictions.
- Information Disclosure Authorization signed (page 4).
- Current or former landlord's Name, Address, and Phone Number **or** Current Mortgage Statement.

APPLICANT Information		
Full Name	Age	
Social Security #	Date of Birth	
Present Street Address	How Long?	
Mailing Address	County	
City	State	Zip
Phone: Home	Cell	
Email		
<b><i>If residing at current address less than 2 years, give previous address</i></b>		
Previous Address	Dates - From / To	
City	State	Zip

Employment Information (give names for a minimum two years employment)	
Name and Address of Employer	Dates - From / To
	Monthly Take-home Income
Position Held	Business Phone & ext.
Name and Address of Employer	Dates - From / To
	Monthly Take-home Income
Position Held	Business Phone & ext.
Name and Address of Employer	Dates - From / To
	Monthly Take-home Income
Position Held	Business Phone & ext.

***Five Rivers Loan Fund, Inc.***

**Income Information**

List all money earned or received including Wages, Self-Employment, Child Support, Social Security, Disability, Workman's Comp., Retirement, Veteran's benefits, etc.

Source of Income	Gross Monthly Amount

==> Remember to attach verifications for each item above.

**Liabilities Information**

List all liabilities including car payments, credit cards, outstanding debts, etc.

Debt Paid To	Monthly Payment Amount

*If more space is needed, attach on a separate sheet.*

<b>RENT</b>	<b>Monthly Payment Amount:</b>
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**Assets Information**

Please list the Automobiles / motorcycles that you own / license:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Checking / Savings Accounts**

Bank	Checking or Savings	Account #	Balance

**Property Information for Homeowners**

Address of Property	Current Market Value	Amount Owed	Monthly Payment



**FIVE RIVERS LOAN FUND, INC.**  
**P O Box 805**  
**Happy Camp, CA 96039**  
**Ph: 530-493-2558**

**INFORMATION DISCLOSURE AUTHORIZATION**

To Whom It May Concern:

I, the undersigned, hereby authorize you to release, from any Credit Reporting Agency, Lender, Banking establishment, Employer, Public Agency, or others, as needed, for verification purposes, any information concerning:

- > Employment History, dates, title, income, hours worked, etc.
- > State Wage Information for unemployment compensation
- > Social Security Administration for wages, self-employment or SSI information
- > Bank and Savings account records
- > Mortgage Loan Rating (opening date, high credit, payment history, loan balances, etc.)
- > Criminal background investigation
- > Any information deemed necessary in connection with a consumer credit report for loan purposes.

**This information is for the Five Rivers Loan Fund's confidential use in compiling a credit evaluation.**

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

# KARUK TRIBE HOUSING AUTHORITY

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Please check the program(s) of which you are applying for:

**Elder Rental Voucher**

**Lease Purchase Program**

**Elders Homes ( *Please contact KTHA for Point Criteria* )**

**First-Time Homebuyer Loan Program**

**Down Payment Assistance**

**Emergency Assistance**

**Mortgage Relief Assistance**

**Other Home Loan Programs through other sources than KTHA (NACLI, 18**

**Area of Preference:    ( ) Yreka    ( ) Happy Camp    ( ) Orleans**

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**Applicant Information**

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**Co-Applicant Informa**

Name \_\_\_\_\_

Str Add \_\_\_\_\_

Mail Add \_\_\_\_\_

City, St \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Mailing

Address:

(City/State/Zip)

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Date of Birth:

/

/

Social Security #:

Home

Phone #:

Work

Phone #:

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4 Loan, USDA, VA

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Name	Name
Name	Name

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