

Five Rivers Loan Fund, Inc.

Application / Checklist

Mail To: PO Box 805, or Deliver to: 119 Indian Creek Rd, Happy Camp, CA 96039 Ph: (530) 493-2558

Please make sure that all information on 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:

- Copies of Social Security Cards for all Household members listed
- Verification of Enrollment in an Indian Tribe, such as Karuk Tribe Enrollment card, CDIB, or other Tribe.
- Verification of Income for all Household members listed including most recent tax return with W2s, 1099, etc.
Also include: 2 current paycheck stubs, award letter, pay records, notice of action letter, Social Security statement, SSI, etc. showing current and year-to-date income.
- Copies of Bank Statements for the last two months, including checking, savings and any other assets.
- Background information: If you checked "YES" to any question, please include complete information regarding any felony convictions.
- Information Disclosure Authorization signed by each adult responsible for income qualification.
- Current or former landlord's Name, Address, and Phone Number **or** Current Mortgage Statement

APPLICANT Information				CO-APPLICANT Information			
Full Name		Age		Full Name		Age	
Social Security #		Date of Birth		Social Security #		Date of Birth	
Present Street Address		How Long?		Present Street Address		How Long?	
Mailing Address		County		Mailing Address		County	
City		State		City		State	
Phone: Home		Cell		Phone: Home		Cell	
Email Address				Email Address			
If residing at current address less than 2 years, show previous address							
Previous Address		Dates - From / To		Previous Address		Dates - From / To	
City		State		City		State	
Employment Information (show names for a minimum two years employment)							
Name and Address of Employer		Dates - From / To		Name and Address of Employer		Dates - From / To	
		Monthly Income				Monthly Income	
Position Held		Business Phone & ext.		Position Held		Business Phone & ext.	
Name and Address of Employer		Dates - From / To		Name and Address of Employer		Dates - From / To	
		Monthly Income				Monthly Income	
Position Held		Business Phone & ext.		Position Held		Business Phone & ext.	
Name and Address of Employer		Dates - From / To		Name and Address of Employer		Dates - From / To	
		Monthly Income				Monthly Income	
Position Held		Business Phone & ext.		Position Held		Business Phone & ext.	

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FAMILY Member Information

Please Print. Please list all persons who will be living in your home. List Head of Household First.

Full Legal Name	Date of Birth	Sex	Relationship	Tribal Roll #	Social Security #

Native American Verification

Qualifying Name _____ Tribe _____ [] Member [] Descendent Enrollment # _____

Qualifying Name _____ Tribe _____ [] Member [] Descendent Enrollment # _____

Race/National Origin: [] American Indian [] Hawaiian, Asian or Pacific Islander [] Alaskan Native

U.S. Veteran Information

Qualifying Household Member _____ Branch _____ War _____

Income Information

List all money earned or received by everyone in your household, including Wages, Self-Employment, AFDC, Child Support, Social Security, Disability, Workman's Comp., Retirement, Veterans benefits, Interest & Dividends, etc.

Household Member	Source of Income	Gross Monthly Amount

== > Remember to attach verifications per the Application Checklist for each item above.

Liabilities / Debt Information

List all liabilities Excluding your rent, including car payments, creditors, outstanding debts, etc.

Household Member	Debt Paid To	Monthly Payment Amount

If more space is needed, attach a separate sheet.

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Checking / Savings Accounts

Name(s) on Account	Bank	Checking or Savings	Account #	Balance

Do you or any household member have any other assets such as stocks, bonds, annuities, etc.? **If yes, attach copies of most recent statement.** Yes No

Assets Information

1	Does any household member own any real estate, boats and/or mobile home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has any household member sold, given away, or disposed of any real estate in the last two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does anyone outside your household pay any of your bills? <u>If yes, please explain on back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Please list the automobiles / motorcycles that you own:		
	Year _____ Make _____ Model _____		
	Year _____ Make _____ Model _____		
	Year _____ Make _____ Model _____		
	Year _____ Make _____ Model _____		

Property Information for Homeowners

If anyone in the household currently owns property, please fill in the following information

Address of Property	Type of Property	Date Acquired	Present Market Value	Amount Owed	Monthly Payment

Current Rental Situation

5	Are you living in substandard housing? <u>If yes, please explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are you paying Rent in excess of 50% of your income? Are you being involuntarily displaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	<u>If yes, please explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disabled / Handicapped Status

8	Is any household member Disabled or Handicapped? <u>If yes, please attach documentation.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Condition of Current Living Unit

Do you: Rent <input type="checkbox"/> Share <input type="checkbox"/> Own <input type="checkbox"/> Other:					
Number at current residence :		Number of Bedrooms:		Monthly Rent : \$	
Type of Household: House <input type="checkbox"/> Mfr / Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/>					
Landlord or Mortgage Co:	Address	City	State	Zip	Phone

Other information about your living conditions that are important for this loan request:

Background Information

9	List any other names used (including Maiden Names):		
10	Has any household member lived in low-income housing? If yes, please give addresses and dates on back of this sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Has any household member been evicted from a residence? <u>If Yes, explain on back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Has any household member been convicted of a crime? <u>If Yes, explain on the back of this sheet.</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Does any household member have any outstanding debts owed to KTHA, KTOC or other tribal programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Failure to provide requested information may result in delay or denial of application.

Declarations of Applicant and Co-Applicant

Please explain any "Yes" answers on the back of this sheet.	Applicant		Co-Applicant	
	Yes	No	Yes	No
a Are there any outstanding judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Have you ever had property foreclosed or repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Are you presently delinquent or in default on any Federal debt or any other loan, mortgage or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Are you a co-maker or endorser on any note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned specifically acknowledges and agrees that all information in this Application is true and accurate. I / We understand that any changes in income or household make-up must be reported to 5RFLF immediately. I/We understand that any intentional or negligent misrepresentation of the information contained in this application may result in denial of this loan, civil liability and/or prosecution. Karuk Community Loan Fund may verify any information contained in this application through any sources, including credit reporting agencies, background checks, criminal investigations or any other form of written or electronic media.

Signature - Head of Household

Date

Signature - Spouse

Date

Signature - Other Person responsible for this loan

Date

FIVE RIVERS LOAN FUND, INC.

P O Box 805

Happy Camp, CA 96039

Phone: 530-493-2558

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I/We, 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 and/or housing eligibility evaluations.

This information is for the Five River Loan Fund's confidential use in compiling a credit and/or housing eligibility 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.

Thank you. Your prompt reply will help my Housing Application.

Date

Print Name

Social Security Number

Signature

Print Name

Social Security Number

Signature