



## LEECH LAKE FINANCIAL SERVICES, INC

### HUD HOUSING INTAKE FORM

#### CONTACT INFORMATION

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_  
(FIRST, FULL MIDDLE, LAST, SUFFIX)

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(456-7890)

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(123-456-7890)

Employer: \_\_\_\_\_

Division: \_\_\_\_\_ Title: \_\_\_\_\_

SS #: \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_ FT or PT  
(123456789)

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

- ☐ I am interested in buying a house.  
☐ First time home buyer  
☐ Single ☐ Married  
☐ Interested in buying a home jointly

\*\*\* A Release of Information must be signed and attached to the application. \*\*\*

#### Preferred Lender

(Check all that apply)

- ☐ Bank  
☐ HUD 184  
☐ MCT  
☐ other

#### CIVIL RIGHTS INFORMATION

##### Race:

- ☐ American Indian  
o Leech Lake Band Member  
o MCT Enrolled (List Tribe) \_\_\_\_\_  
o Red Lake Nation  
o Other \_\_\_\_\_

- ☐ Alaskan Native  
☐ Asian  
☐ African American  
☐ Hawaiian / Pacific Islander  
☐ Hispanic/Latino  
☐ White

##### Loan Terms

- ☐ 15-year fixed  
☐ 20-year fixed  
☐ 30-year fixed

#### Vital Statistics:

Yrs. of Education (after H.S or GED) \_\_\_\_\_

- ☐ Male ☐ Veteran ☐ City Limits  
☐ Female ☐ Disabled Veteran ☐ Rural

#### Household size:

\_\_\_\_\_ + \_\_\_\_\_  
(Adults) (Children)

#### Received In Office:



## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

By signing below, I/we hereby authorize Leech Lake Financial Services, Inc., its agents or assigns, to verify my past and present employment earnings records, past and present employment status, bank accounts, stock holds, and any other asset balances.

I/we further authorize Leech Lake Financial Services, Inc., its agents or assigns, to order a consumer credit report from a reporting company chosen by Leech Lake Financial Services, Inc.

I/we understand that this credit report will be retained on file at Leech Lake Financial Services, Inc., its agents or assigns, obtains is to be used for the purpose of evaluating my/our financial readiness to be granted a loan, and the lending risk associated with Leech Lake Financial Services, Inc.

This information may also be obtained in conjunction with a quality control review of the file after the loan has been closed.

\_\_\_\_\_  
Applicant's printed name (First, Middle, Last)

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Co-Applicant's printed name (First, Middle, Last)

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Co-Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address(if different from applicant's)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Privacy Act Notice:** The information to be obtained will be used by the lender, its agents or assigns, and any federal agency insuring, guaranteeing, or purchasing the Loan to determine whether you qualify as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender or the federal agency without your consent except to the person, or company verifying the information including, but not limited to, your employer, bank, lender, and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us the information but if you do not, your loan application may be delayed or rejected.





Leech Lake Financial Services Inc

## Release of Information Form

Leech Lake Financial Services Inc considers all contents of the personnel file to be confidential. In order for specific information to be released from a current or former employee's personnel file, this Release of Information Form must be completed and signed by the employee.

Name of Employee: \_\_\_\_\_

ID #: \_\_\_\_\_

Department: \_\_\_\_\_

Worksite \_\_\_\_\_



I am giving my authorization for the LLFS Personnel/Payroll Department to release copies of the following information from my personnel file:

- ☐ Verification Outstanding Debt owed to LLFS
- ☐ Amount of Leave Hours
- ☐ Verification of Outstanding Loan Status
- ☐ Employment Verification/Status
- ☐ Rate of Pay
- ☐ \_\_\_\_\_
- ☐ Other Eligibility needs

This information is to be:



Given to me. I will pick up the photocopies of what I have requested above



Photocopied and mailed / faxed to me at:

- ☐ Mailing Address: \_\_\_\_\_
- ☐ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_



Provided to:

- ☐ Person/Company Name: Leech Lake Financial Services, Inc.
- ☐ Mailing Address: PO BOX 848 • Cass Lake, MN • 56633
- ☐ Fax #: 218.339.3944 Phone #: 218.339.3940

*I understand that this release of information is valid ONLY for this one time use. If I am in need of further information to be released for any purpose, it is my responsibility to complete a whole new Release of Information Form. Leech Lake Financial Services, Inc. is not responsible for any of the information once it has been given as directed above. LLFS also reserves the right to refuse to release any information to anyone if this form is not completed correctly or signed by the current/former employee requesting it.*

Full Signature (First M Last) \_\_\_\_\_

Date \_\_\_\_\_

Received by: (Human Resources Representative Signature) \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY:

- ☐ Picked up by employee on: \_\_\_\_\_
- ☐ Mailed out on: \_\_\_\_\_
- ☐ Fax confirmed on: \_\_\_\_\_

Task completed by: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



## Individual Development Account

### New Participant Application Form

#### AGENCY USE ONLY :

Bank Account Number \_\_\_\_\_ Date of 1<sup>st</sup> Deposit \_\_\_\_\_

Asset \_\_\_\_\_ Grant \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Work email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State MN Zip Code \_\_\_\_\_ County \_\_\_\_\_

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

#### Marital Status (Mark one)

\_\_\_\_\_ Single, Never Married

\_\_\_\_\_ Divorced

Gender: ☐ Male

☐ Female

\_\_\_\_\_ Married

\_\_\_\_\_ Widowed

☐ Veteran

☐ Disabled Veteran

\_\_\_\_\_ Separated

#### Applicant Primary Race (Mark one)

\_\_\_\_\_ American Indian

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Caucasian (White)

☐ Leech Lake Band Member

☐ Red Lake Nation

☐ MCT Enrolled

☐ Please list \_\_\_\_\_

\_\_\_\_\_ African American

\_\_\_\_\_ Hawaiian/Pacific Islander

\_\_\_\_\_ Hispanic/Latino

☐ Other \_\_\_\_\_

IDA Terms is 12 months \_\_\_\_\_

(Initial)

#### Housing (Mark one):

\_\_\_\_\_ Own

\_\_\_\_\_ Rent

\_\_\_\_\_ Public

\_\_\_\_\_ Subsidized

\_\_\_\_\_ Homeless

#### Which asset will you be saving for?

\_\_\_\_\_ Business Capitalization

\_\_\_\_\_ First Home Purchase (have not owned a home in the past 3 years)

\_\_\_\_\_ Post-Secondary Education (at an accredited higher education institution)

**Household Income Range (Mark one):**

☐ \$0 to \$15,000  
☐ \$15,001 to \$22,000  
☐ \$22,001 to \$30,000  
☐ \$30,001 to \$40,000  
☐ \$40,001 to \$50,000  
☐ \$50,001 to \$60,000  
☐ \$60,001 to \$66,825

**Number of Adults 18 and over in household** \_\_\_\_\_**Number of Children under 18 in household** \_\_\_\_\_**Highest Level of Education Completed (Mark one):**

☐ Elementary  
☐ Middle School  
☐ High School Diploma  
☐ Vocational School  
☐ Some College  
☐ AA Degree (2 year degree)  
☐ BA/BS Degree (4 year degree)  
☐ Some Graduate School  
☐ MA/MS Graduate Degree  
☐ GED

**Employment Status (Mark one):**

☐ Employed full-time (35-40 hours)  
☐ Employed part-time (up to 35 hours)  
☐ Unemployed  
☐ Self-Employed full-time  
☐ Self-Employed part-time  
☐ Working & in school  
☐ Currently in school or job training program  
☐ Homemaker, not seeking employment  
☐ Disabled, not seeking employment  
☐ Retired, not seeking employment

**I certify that the information in this application is true to the best of my knowledge:**

\_\_\_\_\_  
Applicant (Print)\_\_\_\_\_  
Date\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date

I give permission to Leech Lake Financial Services to get a copy of my credit report at the **beginning** and **end** of my participation in the FAIM program.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date

**Consent for Release of Information** I, \_\_\_\_\_, give Leech Lake Financial Services, permission to utilize my story in promotion of the IDA program. This may include posting pictures on websites, utilize my narrative on the website or in promotion, and with regards to funding requests.

\_\_\_\_\_  
LLFS IDA Officer / Loan Officer\_\_\_\_\_  
Date**Agency Use Only:****Proof of income:** (You will need to submit one of the following forms of proof)

☐ Three previous months of pay stubs ☐ Previous year's tax return ☐ Previous year's W-2 Forms  
☐ ACH Form ☐ Payroll deduction Form