



LEECH LAKE FINANCIAL SERVICES, INC
AUTOMOBILE LOAN APPLICATION

CONTACT INFORMATION

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

Street Address: _____ Mailing Address: _____

City: _____ Zip Code: _____ Business Phone: _____
(456-7890)

Cell Phone: _____ E-Mail: _____
(123-456-7890)

Employer: LLBO LLTC LLHA LLG Other: _____

Division: _____ Title: _____

SS #: _____ Payroll ID # _____ Hourly Wage \$ _____ FT or PT
(123456789)

Supervisor Name: _____ Supervisor Phone: _____

- Release of Information must be signed and attached to the application.
Payroll Deduction or ACH form must be signed and dated at loan closing.
\$25.00 application fee will be applied to each loan.
Interest rate dependent on credit score and underwriting; not to exceed 12%
The loan must be paid back in full according the loan terms agreed upon

Licensing Pref.
Tribal
State

CIVIL RIGHTS INFORMATION

Race:

- American Indian
Leech Lake Band Member
MCT Enrolled
Red Lake Nation
Other

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

Loan Terms

- 36 months
48 months
60 months

Vital Statistics:

- Married Single Yrs. of Education
Male Veteran City Limits
Female Disabled Veteran Rural

Household size:

(Adults) + (Children)

Received In Office:



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SIGNATURE

By my signature I attest I understand the eligibility requirements for the Auto Loan Fund and will assume responsibility for Payment in Full of Loan proceeds, plus all Fees and Interest accrued.

THESE FUNDS WILL NOT BE USED FOR ILLEGAL OR UNLAWFUL ACTIVITIES

Print Full Legal Name:

Last 4 of SS #

Payroll ID

X _____
Employee Signature:

Date:

<i>Office Use Only</i>		<i>Eligibility Checklist</i>	
Interest Accrual Rate:		Purchase Agreement	
Loan Amount:	\$	Credit Check	
Title Fees, as applicable	\$	DTI	
Insurance, as applicable	\$	NADA	
Interest Amount:	\$	Photo of Title	
Total Principal & Interest:	\$	Lien Release, as applicable	
Non-Refundable Application Fee:	\$ 25.00	Insurance Quote	
Total Loan Amount (Prin/Int/Fee):	\$	ACH or Payroll Deduct	
Total Withheld monthly or per pay period:	\$	Payroll Verification Hire Date	<u>Rate of Pay</u>
			\$

Payments are to be sent to:

Leech Lake Financial Services Inc. Loan Start: _____ Loan End: _____ Loan Term: _____ months
PO Box 848 (36 - 60)
Cass Lake, MN 56633

Date Denied: _____

Date Approved: _____

Reason:

_____ **Payment History w/LLFS** _____ **Excessive DTI** **Other:** _____

LLFS Officer / Loan Officer

Date