



LEECH LAKE FINANCIAL SERVICES, INC
Mino Maajii – LOAN APPLICATION

CONTACT INFORMATION

Mino Maajii loans do not exceed \$1000

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

Street Address: Mailing Address:

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

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

Employer: LLBO LLTC LLH LLG Other:

Division: Title:

SS #: (123456789) Payroll ID # Loan Request Amt: \$

Supervisor Name: Supervisor Phone:

- A Release of Information must be signed and attached to the application.
A Payroll Deduction or ACH form must be signed and dated at loan closing; or
A \$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

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

- 6 months
12 months

Vital Statistics:

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

Household size:

(Adults) + (Children)

Received In Office:



LEECH LAKE FINANCIAL SERVICES, INC

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SIGNATURE

By my signature I attest I understand the eligibility requirements for the Mino Maajii Loan 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>	
Interest Accrual Rate:	
Loan Amount:	\$
Interest Amount:	\$
Total Principal & Interest:	\$
Non-Refundable Application Fee:	\$ 25.00
Total Loan Amount (Prin/Int/Fee):	\$
Total Withheld monthly/pay period:	\$
Total No. of Leave Hours to Freeze:	NA

<i>Eligibility Verification</i>		
A/R:		Date: _____
Outstanding Obligations:	CBLP	\$
	RTC	\$
	TR	\$
	OTHER	\$
Payroll:		Date: _____
Hire Date:	_____	<i>Rate of Pay</i>
Available Leave:	NA	\$

Payments are to be sent to:

Leech Lake Financial Services Inc. Loan Start: _____ Loan End: _____ Loan Term: _____ months
PO Box 848 (6 – 12 mo.)
Cass Lake, MN 56633

Date Denied: _____ Date Approved: _____

Reason:
 _____ **Payment History w/LLFS** _____ **Excessive DTI** _____ **Insufficient PTO** **Other:** _____

LLFS Officer / Loan Officer

Date



Leech Lake Band of Ojibwe

Release of Information Form

Leech Lake Band of Ojibwe considers all contents of the personnel file to be confidential and tribal property. 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 LLBO Personnel/Payroll Department to release copies of the following information from my personnel file:

- Verification of Hire date
- Amount of Leave Hours
- Verification of Outstanding Tribal Loan Status
- Hourly Wage

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 #: **218.339.3940** Phone #: **218.339.3944**

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. The Leech Lake Band of Ojibwe is not responsible for any of the information once it has been given as directed above. LLBO 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.

LLBO Current/Former Employee Signature

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



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.



Applicant Name

Personal Financial Statement

Please omit cents when preparing this form

Note: If assets or Liabilities are jointly owned by you and another person, please circle "J" in th amount columns. If individually owned by only you circle "I" in the amount columns.

ASSETS OWNED		LIABILITIES OWED		
Description	Est Market Value	Description	Monthly payment	Balance Owed
Cash, checking (bank name, acct #)	I J	Credit Account (owed to, acct #)		I J
Cash, checking (bank name, acct #)	I J	Credit Account (owed to, acct #)		I J
IRA, 401(K), 403(b) or other retirement acct (describe)	I J	Credit Account (owed to, acct #)		I J
Vehicle #1 (make, model, year)	I J	Loan on Retirement Account		I J
Vehicle #2 (make, model, year)	I J	Auto Loan #1 (lender, loan #)		I J
Life Insurance - Issuer: Cash	I J	Auto Loan #2 (lender, loan #)		I J
Value: \$				
Real Estate (homestead address)	I J	Loan on Life Insurance		I J
Real Estate (other)	I J	Mortgage / contract for deed /lease		I J
Stocks, Bonds, investments (describe)	I J	Unpaid or past due taxes		I J
Personal Assets (Household Furnishings, Jewelry, Guns, etc.) (list on a separate sheet)	I J	Other (list on separate sheet)		I J
Recreational Vehicles	I J	Other (list on separate sheet)		I J
Other	I J	Other (list on separate sheet)		I J
TOTAL ASSETS		TOTAL LIABILITIES		

PERSONAL NET WORTH (Total assets minus total liabilities)

OTHER OBLIGATIONS THAT YOU OWE SUCH AS ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE

Description	Amount	Past Due?	Description	Amount	Past Due?
		Yes No			Yes No
		Yes No			Yes No
		Yes No			Yes No
		Yes No			Yes No
Are you a co-maker, endorser, or guarantor on any loan or contract?		No Yes →	If yes, for whom, lender or contract holder.		Amount
Are there any unsatisfied judgements against you?		No Yes →	If yes, to whom owed?		Amount
Have you declared bankruptcy in the last ten years?		No Yes →	If yes, in what city and state?		Year

APPLICANT CERTIFICATION AND SIGNATURE

I authorize _____ to make inquiries necessary to verify the accuracy of the statements made in this application and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits from _____. I understand that the _____ will retain this application whther or not it is approved for credit. If this credit application is approved and a loan is given, I authorize the _____ to answer queries regarding their credit experience with me.

* I have attached additional information ____ No ____ Yes → Please write applicant name on each attached page.

Applicant Signature _____ Date _____

ATTACHMENTS

If an exsiting business, please attach the following:
 1 Two most recent-year financial statements
 2 Two most recent-year income tax returns

If a new business startup, please attach the following:
 1 Your two most recent-year personal fincome tax returns

If you do not have two years of financial data or tax returns, please attach an explanation