



LEECH LAKE FINANCIAL SERVICES, INC
CBLP – 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 LLH LLG Other: \_\_\_\_\_
Division: \_\_\_\_\_ Title: \_\_\_\_\_
SS #: \_\_\_\_\_ Payroll ID # \_\_\_\_\_ Loan Request Amt: \$ \_\_\_\_\_
(123456789)

- ✓ A Release of Information must be signed and attached to the application.
✓ A Payroll Deduction form must be signed and dated at loan closing
✓ A \$25.00 application fee will be applied to each loan.
✓ Qualified employee loan amounts will depend on the total amount of Accumulated Leave Hours that the employee shall use as collateral.
✓ The loan must be paid back in full according the loan terms agreed upon

CIVIL RIGHTS INFORMATION

Race:

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

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

Loan Terms

- ☐ 6 months
☐ 12 months
☐ 18 months

Vital Statistics:

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

Household size:

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

Received In Office:

[Empty box for stamp/signature]



**LEECH LAKE FINANCIAL SERVICES, INC**  
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**SIGNATURE**

By my signature I attest I understand the eligibility requirements for the Credit Building Loan Program 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:	8%
Employee Loan Amount:	\$
Interest Amount:	\$
Total Principal & Interest:	\$
Non-Refundable Application Fee:	\$ 25.00
Total Loan Amount (Prin/Int/Fee):	\$
Total Withheld / pay period:	\$
Total No. of Leave Hours to Freeze:	

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

*Payments are to be sent to:*

**Leech Lake Financial Services Inc.**    Loan Start: \_\_\_\_\_    Loan End: \_\_\_\_\_    Loan Term: \_\_\_\_\_ months  
**PO Box 848**    (6 – 12 – 18 mo.)  
**Cass Lake, MN 56633**

Date Denied: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**Reason:**

\_\_\_\_\_ **Payment History w/LLFS**    \_\_\_\_\_ **Excessive DTI**    \_\_\_\_\_ **Insufficient PTO**    **Other:** \_\_\_\_\_

\_\_\_\_\_  
 LLFS Officer / Loan Officer

\_\_\_\_\_  
 Date