

LEECH LAKE FINANCIAL SERVICES, INC CBLP – LOAN APPLICATION

CONTACT INFORMATION			
Applicant Name:	DOB		
Street Address:			
City: Zip Code:	Business Phone:(456-7890)		
Cell Phone: E-Mail:			
Employer: LLBO LLTC LLH LLG Other: _			
Division: Title:			
SS #: Payroll ID #	Loan Request Amt: \$		
 ✓ A Payroll Deduction form must be signed and day ✓ A \$25.00 application fee will be applied to each ✓ Qualified employee loan amounts will depend the employee shall use as collateral. ✓ The loan must be paid back in full according the 	loan. on the total amount of Accumulated Leave Hours that		
CIVIL RIGHTS INFORMATION	Vital Statistics:		
Race:	☐ Married ☐ Single Yrs. of Education		
American Indian	☐ Male ☐ Veteran ☐ City Limits		
 Leech Lake Band Member 	Female Disabled Veteran Rural		
MCT EnrolledRed Lake NationOther	Household size: +(Children)		
☐ Alaskan Native ☐ 6 months ☐ African American ☐ 12 months ☐ Hawaiian / Pacific Islander ☐ Hispanic/Latino	Received In Office:		
☐ White			



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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 <u>NOT</u> BE USED FOR ILLEGAL OR UNLAWFUL ACTIVITIES

Print Full Legal Name:		Last 4 of SS #	Payroll ID	·	
XEmployee Signature:		Date:			
Office Use Only		Eligibility	Verificatio	า	
Interest Accrual Rate:	8%	A/R:		Date:	
Employee Loan Amount:	\$		CBLP	\$	
Interest Amount:	\$	Outstanding Obligations	RTC	\$	
Total Principal & Interest:	\$	Outstanding Obligations:	TR	\$	
Non-Refundable Application Fee:	\$ 25.00		OTHER	\$	
Total Loan Amount (Prin/Int/Fee):	\$	Payroll:		Date:	
Total Withheld / pay period:	\$	Hire Date:		Rate of Pay	
Total No. of Leave Hours to Freeze:		Available Leave:		\$	
Payments are to be sent to:					
Leech Lake Financial Services Inc. Loa PO Box 848 Cass Lake, MN 56633	nn Start:	Loan End: l		months - 12 mo.)	
Date Denied:		Date Approved:			
Reason: Payment History w/LLFS	Excessive DTI	Insufficient PTO Other:			



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: 0 Mailing Address: Phone #: 0 Provided to: Person/Company Name: Leech Lake Financial Services, Inc. 0 Mailing Address: PO BOX 848 ● Cass Lake, MN ● 56633 0 218.339.3940 Phone #: Fax #: 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 purporse, 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.