

INDIVIDUAL LOAN APPLICATION

FULL LEGAL NAME		SSN	DOB	TELEPHONE
HOME ADDRESS	CITY	STATE	ZIP	HOW LONG
OWN OR RENT	NAME OF MORTGAGE HOLDER OR LANDLORD		MONTHLY AMT	
EMPLOYER		ADDRESS		TELEPHONE
JOB TITLE AND SUPERVISOR		DATES EMPLOYED		FAX NUMBER
PREVIOUS EMPLOYER		DATES EMPLOYED		TELEPHONE
PREVIOUS EMPLOYER		DATES EMPLOYED		TELEPHONE
PREVIOUS EMPLOYER		DATES EMPLOYED		TELEPHONE
REFERENCE (RELATIVE)		RELATIONSHIP		TELEPHONE
REFERENCE (PERSONAL)		YEARS KNOWN		TELEPHONE
AMT REQUESTED	PURPOSE OF LOAN			

"RELEASE OF INFORMATION"

THE UNDERSIGNED DOES HEREBY AUTHORIZE THE BEARER OF THIS AUTHORIZATION TO INSPECT AND OR REQUEST ALL EMPLOYMENT, PAYROLL, TAX AND PERSONNEL RECORDS PERTAINING TO THE UNDERSIGNED AND TO OBTAIN ANY OTHER INFORMATION CONCERNING MY ELIGIBILITY FOR CONTINUED EMPLOYMENT, OTHER CONDITIONS OF ANY OF MY PAST OR PRESENT EMPLOYMENT WITH YOU AND TO MAKE EXCERPTS, SUMMARIES OR PHOTOCOPIES OF ALL OR ANY PORTION OF SUCH RECORDS AND INFORMATION AVAILABLE IN ORDER TO DETERMINE QUALIFICATIONS FOR LOAN PURPOSES.

BAND MEMBER

DATE

ARE YOU MILLE LACS BAND MEMBER?
YES NO

ENROLLMENT NUMBER