

Northern Shores Community Development, Inc.
SIGNATURE LOAN

LOAN AMOUNT REQUESTED AND PURPOSE: _____ (**\$2500.00 MAX**)

APPLICANT INFORMATION

Name:

Date of birth:	SSN:	Phone:
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Driver's License or State ID #:

Current address:

City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Previous address (if less than 2 years at current address)

City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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How many people in household? _____

Ethnicity: _____White _____Black _____Asian _____Hispanic _____Native American _____Other

Tribal Enrollment Number: _____	Name of Tribe: _____
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EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary (Please circle)	Annual income:
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Previous employer (if less than two years at with current employer):

Address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary (Please circle)	Annual income:
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Other Monthly Income:

Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:	SSN:	Phone:
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Driver's License or State ID #:

Current address:

City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Previous address (if less than 2 years at current address)

City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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Ethnicity: _____White _____Black _____Asian _____Hispanic _____Native American _____Other

Tribal Enrollment Number: _____	Name of Tribe: _____
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SIGNATURE LOAN

Application Information Continued

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer (if less than two years at with current employer):

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Other Monthly Income:

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY _____

Account no.:

Address:

AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

If additional space is needed for additional outstanding debt, or assets, please list on an additional piece of paper.

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Please initial that you have read and understand the following loan requirements:	<u>Applicant</u>	<u>Co-Applicant</u>
I/We understand there is a \$30.00 application fee and technical assistance fee, which is due upon loan upon approval.		
I/We agree, upon approval, to provide my/our checking account information so that automatic deductions may be set up for monthly payments.		
In the event that I/we move to a new residence, or have a change of employment, I/we will notify Northern Shores Community Development immediately.		
By signing below, I/We certify that all information provided is true and correct to the best of my/our knowledge and understand that this information may be verified by Northern Shores Community Development, Inc. staff to determine eligibility for program		
Signature of applicant	Date	
Signature of co-applicant, if for joint account	Date	

Once application is completed, please fax it back to Northern Shores Community Development at (231)347-6786 along with:

- ❖ Your most recent paystub(s)
- ❖ 60 day bank statement
- ❖ A voided check, so that automatic payment deductions may be set up from your checking account
- ❖ Copy of your Tribal ID Card, and/or Driver's License

Thank you!

In accordance with federal laws and U.S. Department of the Treasury policy, this organization is prohibited from discriminating on the basis of race, color, national origin, sex age, or disability.

To file a complaint, write to: U.S. Department of the Treasury, Director, Office of Civil Rights and Equal Employment Opportunity. 1500 Pennsylvania Avenue, N.W., Washington, DC 20220; or send email to: crcomplaints@treasury.gov.