

## HOOPA DEVELOPMENT FUND

An Entity of the Hoopa Valley Tribe P.O. BOX 1307 HOOPA, CA 95546 Phone: (530) 625-5565 • Fax:(530) 625-5181 www.hoopadevelopmentfund.com



## FULL DISCLOSURE STATEMENT:

When you request a loan from Hoopa Development Fund, please be aware that there is a possibility that you will not be eligible for the amount you are requesting, or you may be ineligible for a loan without a qualified local co-signer. This will be determined by evaluating your income source, your credit report, and your history with Hoopa Development Fund.

If your last account with Hoopa Development Fund had a delinquency, you have been automatically placed in a 1-year minimum penalty period. The penalty period begins from the date you pay off your loan. You are ineligible to apply until your penalty period is over.

## **CHECKLIST FOR SHORT TERM APPLICATION**

**Submitting Your Application** – You must provide the following items in order for your loan application to be processed and taken to the meeting:

<b>\$15.00 Application Fee</b> – Your application will not be processed and submitted for approval until you have paid the fee. This fee is used to pay for your credit report and the processing of your application.
<ul> <li>Proof of Income – All applicants must submit proof of income verification. (Current Check Stub, Bank Statement, SSI Statement, Unemployment Stub, etc.)</li> <li>Signed Application – Please be sure that you've filled everything out to the best of your abilities and have signed the application.</li> </ul>
 <b>coval Requirements</b> – If your loan is approved, there are additional requirements to oan. These requirements include:
<b>\$25.00 Loan Fee</b> – Your loan check will not be given until this fee is paid. This fee is used to pay for the processing of your loan.
Stinulations The Hoopa Development Fund Committee may place

Stipulations – The Hoopa Development Fund Committee may place additional requirements on your approval such as obtaining a qualified, local co-signer or obtaining credit counseling. You will not be given your loan check until all of these stipulations are agreed to and met.

Signed Loan Documents – Your loan documents must be signed before we release your loan check. A Hoopa Development Fund employee must witness you sign your loan documents, or your loan documents will need to be notarized.

If you need assistance completing this application, please contact our office and we will be happy to assist you.

OFFICE USE ONLY HOOPA DEVELOPMENT FUND An Entity of the Hoopa Valley Tribe P.O. BOX 1307 HOOPA, CA 95546 (530) 625-5565 (530) 625-5181 www.hoopadevelopmentfund.com APPLICATION FEE RECEIPT #: SHORT TERM LOAN APPLICATION IMPORTANT: PLEASE READ DIRECTIONS BEFORE COMPLETING THIS APPLICATION. The Short Term Loan Program is for loans ranging from \$300.00 to \$2,000.00. An application fee must be paid and all required documents submitted before we can process your application. Please print or type your answers. Provide all information requested. If you need more space to answer any questions or wish to elaborate, provide this information on a supplemental sheet of paper. Hoopa Development Fund is relying on the information provided. Incomplete answers or misrepresentation of information will jeopardize our ability to receive a loan, or may be grounds for defaulting you on a loan should you receive it. All applicants must complete the application to the best of their knowledge. Required documents include income verification such as a current check stub, bank statement, SSI statement, etc. AMOUNT, PAYMENT SCHEDULE & PURPOSE Requested Loan Amount: **Payment Schedule Plan:** *Monthly Semi-Monthly* **Payment Method:** Payroll Deduction Bank Transfer Personal Payment Reason for Loan Request: (DO NOT LEAVE BLANK) APPLICANT DATA 

 Applicant Name:
 Social Security No.:
 Birth Date:
 Age:

 Hoopa Valley Tribal Roll No.:
 Mother's Maiden Name:
 Number of Dependents:
 Image: Constraints

 State:
 Zip:
 Own Home
 Rent Home
 Address: \_\_\_\_\_ City: \_\_\_\_\_ E-mail: 

 Co-Applicant Name:
 Social Security No.:
 Birth Date:
 Age:

 Tribe:
 Roll No.:
 Mother's Maiden Name:
 Number of Dependents:

 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_ Own Home Rent Home E-mail: INCOME DATA

riskier to loan to than others. If the Hoona Development Fund Committee determines that your in EULL DIGCLACURE, Some in

	ē ,	5	e	ot meeting credit criteria.		
Applicant Income Source(s): (PLEASE CHOOSE PRIMARY SOURCE)	Employed	Self-Employed Elder's Pay		nent Benefits 🗌 Retiremen		urity
Income Source Name:						
Income Source Address:			City:	State:	Zip:	
EMPLOYED APPLICANTS' ON Title:						Salary
Please check all that apply:						believe that
you would not be a risk to give a	loan to:					
Co-applicant Income Source(s): (PLEASE CHOOSE PRIMARY SOURCE)	Employed	Self-Employed Elder's Pay		nent Benefits 🗌 Retiremen		urity
(PLEASE CHOOSE PRIMARY SOURCE)	TANF		Other:			urity
(PLEASE CHOOSE PRIMARY SOURCE)	TANF	Elder's Pay	Other:		_	
(PLEASE CHOOSE PRIMARY SOURCE) Income Source Name: Income Source Address: EMPLOYED APPLICANTS' ON	TANF	Elder's Pay	City:	State:	Zip:	
(PLEASE CHOOSE PRIMARY SOURCE) Income Source Name: Income Source Address: EMPLOYED APPLICANTS' ON	TANF	Elder's Pay	City:	State: tion out based on your seaso Iours/ week: easonal  Full-Time  [	Zip: mal position) Pay by: Hour ] Part-Time	Salary

APPLICANT INCOME BREAKDOWN CO-APPLICANT INCOME BREAKDOWN							N	
(PICK ONE COLUMN)					Hourly Monthly Yearly			
Salary:	\$\$		Salary:	\$	\$	\$		
Other:	\$ \$ \$		Other:	\$	\$	\$		
TOTAL:	\$ \$ \$		TOTAL:	\$	\$	\$		
Is your	income likely to decline within the next	12 months?	]	ls your income lil	cely to decline wi	thin the next 12 m	nonths?	
	YES NO				YES	NO		
		WHAT YO	OU OWN					
What You	Property Description/	Company that finance	ed propert	v	Market		ED BY	
Own	·····	<b>I I J I I I</b>	- F - F - 3		Value	APPLICANT	CO-APPLICANT	
Home								
Land								
Cash								
Auto #1								
Auto # 2								
		WHAT YO	OUOWE					
		WHAT I	JUOWE	Present	Monthly	OWE	D BY	
What you Owe	Name of Creditor			Balance	Payment	APPLICANT	CO-APPLICANT	
•								
			TOTAL:					
	LIVING EXPENSES				REFERENC	CES		
Description	P Cost APPLICANT	PAID BY CO-APPLICANT	Ple	ease List two (2)	references to att	test to your abilit	v to nav:	
Food				Name:		<b>.</b>	J - 1 - J -	
Utilities	<u> </u>			onship:				
Rent/Mortgage	H		Phone N	umber: Name:				
Auto Insurance Other				1.				
TOTA	L:			umber:				
		SIX QUESTIONNA	AIRE CHE	CKLIST				
Check the box t	hat best answers the question. If you a				le detail on 🛛 🔥	APPLICANT C	O-APPLICANT	
a separate sheet			ine questio	ns, preuse provi	-		YES NO	
	er foreclosed or repossessed any of your	property because you o	wed them r	noney?				
	satisfied judgments against you?							
	eclared bankruptcy in the last 14 years? lant in any suits or legal actions?					H	님님	
	r or officer in any other financial venture	e?						
Are you a co-ma	ker, endorser, or guarantor on any loan of							
The information	contained in this application is provided	IMPORTANT: I			with Hoops Dava	lonmont Fund Th	aundarrianad	
	Hoopa Development Fund is relying on							
deciding to grant	or continue credit. Each undersigned re	presents and warrants th	hat the info	rmation provided	is true correct ur	ntil a written notic	e of change is	
	Development Fund by the undersigned. H							
of the statements with me/us.	made herein and determine my/our cred	nt wortniness. Hoopa D	vevelopmen	it Fund is authoriz	zed to answer que	estions about its ci	edit experience	
		SIGNA	TURE					
Applicant Signa			Co-applic	cant Signature:				
Print Your Nan								
Date:	SSN:					SN:		
					-			