



Tiwa Lending Services  
Tribal Road 40, Building #117A  
Isleta, NM 87022

tel 505.916.0556  
email sheila@tiwalending.org; miranda@tiwalending.org  
www.tiwalending.org

## CONSUMER LOAN APPLICATION

Today's Date: \_\_\_\_\_

SUPPORTING DOCUMENTS	
PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS FOR YOUR BUSINESS LOAN APPLICATION:	
<input type="checkbox"/> Tribal ID or Certificate of Indian Blood	<input type="checkbox"/> 30 days of pay stubs or award letter
<input type="checkbox"/> Copy of driver's license or other form of identification	<input type="checkbox"/> Documentation of collateral (if requested by lender)

PERSONAL INFORMATION			
NAME (FIRST, MIDDLE, LAST):		CLIENT ID:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):	CITY:	STATE:	ZIP:
HOW LONG HAVE YOU LIVED AT THIS PHYSICAL ADDRESS?			
<input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2 or more years			
IF YOU HAVE LIVED AT THE ABOVE PHYSICAL ADDRESS FOR LESS THAN 2 YEARS, PLEASE SPECIFY YOUR PREVIOUS ADDRESS BELOW.			
PREVIOUS PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	WORK PHONE:	HOME PHONE:	
EMAIL ADDRESS:	DATE OF BIRTH (MM/DD/YYYY):		

LOAN INFORMATION	
PLEASE TELL US ABOUT YOUR LOAN REQUEST.	
<b>Type of loan you are applying for:</b> <input type="checkbox"/> Credit Builder/Repair <input type="checkbox"/> Personal <input type="checkbox"/> Down Payment Assistance <input type="checkbox"/> Holiday <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Home Improvement <input type="checkbox"/> Emergency (please describe): _____ <input type="checkbox"/> Other (please specify): _____	<b>Loan Amount Requested:</b> \$ _____ <b>Please describe how you plan to utilize this loan in more detail:</b> _____
WHAT WITHDRAWAL DATE WORKS BEST?	
<input type="checkbox"/> The 1 <sup>st</sup> <input type="checkbox"/> The 15 <sup>th</sup>	
PLEASE TELL US ABOUT ANY TRAINING(S) YOU HAVE COMPLETED.	
Have you attended or completed any financial training(s) in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Could you provide documentation of your completion of the training(s) upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the type/topic of the training(s) (select all that apply)? <input type="checkbox"/> Financial Education <input type="checkbox"/> Native Youth Empowerment Symposium <input type="checkbox"/> Tiwa Lending Services workshop/training (please specify): _____ <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> No	



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## REFERENCES

**Please provide two personal references (non-family).**

### REFERENCE #1

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

RELATIONSHIP:

PHONE NUMBER:

### REFERENCE #2

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

RELATIONSHIP:

PHONE NUMBER:

## LEGAL INFORMATION

HAVE YOU BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR INSOLVENCY PROCEEDINGS OR HAVE PENDING PERSONAL OR BUSINESS JUDGMENTS, UNSETTLED LAWSUITS OR MAJOR DISPUTES? IF YES, ATTACH EXPLANATION.

☐ Yes  
☐ No

ARE YOUR PERSONAL AND/OR BUSINESS TAXES PAST DUE?

☐ Yes  
☐ No

## BORROWER'S ACKNOWLEDGEMENT

The undersigned authorizes our organization or its affiliates, successors, or assigns to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein, and to determine the applicant(s) credit worthiness. The undersigned hereby certifies that this application, including all attachments, exhibits, schedules, and supporting documents are valid, accurate, and complete as of the stated date. These statements are made for the purpose of obtaining a loan. The undersigned further certifies that the proceeds of any loan made as a result of this application will be used for purposes stated herein. The undersigned, in applying for financial assistance, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, tribal, state, and local laws and regulations to the extent that such are applicable.

SIGNATURE

DATE



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**BORROWER’S CERTIFICATION**

I certify everything I have stated in this application and on my attachment is correct. You may keep this application whether or not my loan is approved. By signing below, I authorize you to check my credit, employment history, and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

All parties understand and agree that the Pueblo of Isleta Tribal Court has jurisdiction to resolve any dispute under the Credit Builder Loan Program of TIWA Lending Services and the parties do hereby submit to the personal jurisdiction of, and waive any obligation to venue in the Pueblo of Isleta Tribal Court for the resolution of any dispute arising out of the Credit Builder Loan Program.

All costs, fees, and expenses of collection and/or litigation will be charged to the Tribal Member, added to the balance of the loan, and withheld from the Tribal Member’s Voluntary “Per Capita” provided by Tribal Member of the Pueblo of Isleta.

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SIGNATURE

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DATE



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## CORE PROGRAM APPLICATION

Today's Date: \_\_\_\_\_

PERSONAL INFORMATION		
NAME (FIRST, MIDDLE, LAST):		SOCIAL SECURITY NUMBER:
MARITAL STATUS:		
<input type="checkbox"/> Single	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Engaged
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Civil Union
		<input type="checkbox"/> Married
		<input type="checkbox"/> Separated
		<input type="checkbox"/> Domestic Partnership
ARE YOU AN ENROLLED MEMBER OF A TRIBE?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
IF YES OR PENDING, WHAT TRIBE?		IF YOU WOULD PREFER A DIFFERENT TRIBE NAME THAN THE FEDERAL OR STATE DESIGNATIONS FOR TRIBES, PLEASE PROVIDE BELOW. (FOR EXAMPLE, SOME INDIVIDUALS PREFER OGLALA LAKOTA INSTEAD OF OGLALA SIOUX TRIBE, OR DINE INSTEAD OF NAVAJO.)
ENROLLMENT NUMBER (IF APPLICABLE):		
HIGHEST EDUCATION LEVEL COMPLETED (CHOOSE ONE):		
<input type="checkbox"/> Some high school or less	<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Advanced degree (master's, doctorate, etc.)
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Associates degree or similar (vocational or technical degree)	
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's degree	
EMPLOYMENT STATUS (SELECT ALL THAT APPLY):		
<input type="checkbox"/> Regular Employment	→ What is your regular employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk)
		<input type="checkbox"/> Full-time (35 hrs/wk or more)
	Are you employed seasonally?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
<input type="checkbox"/> Self-Employed	→ What is your self-employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk)
		<input type="checkbox"/> Full-time (35 hrs/wk or more)
	Are you employed seasonally?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
<input type="checkbox"/> Unemployed	→ Are you currently seeking employment?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	If no, why aren't you seeking employment?	<input type="checkbox"/> Student
		<input type="checkbox"/> Retired
		<input type="checkbox"/> Homemaker
		<input type="checkbox"/> Other reasons
		<input type="checkbox"/> Disabled
ARE YOU A VETERAN?		DO YOU HAVE A DISABILITY?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU KNOW WHAT YOUR CREDIT SCORE IS?		IF YES, WHAT IS IT? <sup>1</sup>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE DESCRIBE YOUR CREDIT SCORE TO THE BEST OF YOUR KNOWLEDGE.		
<input type="checkbox"/> No credit <input type="checkbox"/> Bad <input type="checkbox"/> Okay <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Not sure		
HOW SATISFIED ARE YOU WITH YOUR CURRENT CREDIT SCORE?		
<input type="checkbox"/> Very unsatisfied <input type="checkbox"/> Unsatisfied <input type="checkbox"/> Neither satisfied nor unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied		
DO YOU CURRENTLY HAVE A SAVINGS ACCOUNT?	DO YOU CURRENTLY HAVE A CHECKING ACCOUNT?	DO YOU HAVE ANY ACTIVE COLLECTIONS THAT YOU ARE AWARE OF?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> FICO Credit Scores range from 300 to 850.



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DID YOU FILE TAXES LAST YEAR?		IF YES, DID YOU USE FREE OR LOW-COST TAX SERVICES TO COMPLETE YOUR RETURN LAST YEAR?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, HAVE YOU EVER FILED TAXES?		WOULD YOU BE INTERESTED IN FREE OR LOW-COST TAX SERVICES FOR FUTURE TAX RETURNS?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PLEASE TELL US ABOUT YOUR ACCESS TO TECHNOLOGY.			
Do you have access to a computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have access to the internet at home?	<input type="checkbox"/> Yes →	My internet service is: <input type="checkbox"/> Reliable and fast <input type="checkbox"/> Spotty and slow sometimes <input type="checkbox"/> Not reliable enough to count on	
	<input type="checkbox"/> No →	Do you have internet access elsewhere (such as a community center, library, or school)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how far do you have to travel from your home to access this location? _____	
Do you own a smartphone or tablet?	<input type="checkbox"/> Yes →	Do you have a service plan for 3G/4G internet service for any of your devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please mark the option that best describes your access to the internet via your smartphone or tablet via your cell phone carrier (e.g. – 3G or 4G access). <input type="checkbox"/> Reliable and fast <input type="checkbox"/> Spotty and slow sometimes <input type="checkbox"/> Not reliable enough to count on	
	<input type="checkbox"/> No		
PLEASE TELL US ABOUT YOUR USE OF FINANCIAL PRODUCTS AND SERVICES.			
Do you currently have a...	→	reloadable prepaid debit card <sup>2</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		credit card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		secured credit card <sup>3</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past five years have you utilized...	→	predatory loans <sup>4</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
		money orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
		check cashing services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
		a pawn shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
		a rent-to-own store?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
		advances on your paycheck from your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Have you applied for a loan in the past five years?	<input type="checkbox"/> Yes →	Were you approved for the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, what institution holds the loan and what was it for? _____	
	<input type="checkbox"/> No →	If no or I don't know, how confident do you feel in your ability to apply for and receive a loan? <input type="checkbox"/> Very confident <input type="checkbox"/> Confident <input type="checkbox"/> Neither confident nor unconfident <input type="checkbox"/> Unconfident <input type="checkbox"/> Very unconfident	
	<input type="checkbox"/> I don't know		

<sup>2</sup> A reloadable prepaid debit card is not linked to a bank or credit union account, but you or someone else, like a relative, employer, or a government agency, can add money into this card. You can use it to make purchases and pay bills where credit cards are accepted.

<sup>3</sup> A secured card requires a cash collateral deposit that becomes the credit line for that account.

<sup>4</sup> Payday loans, car title loans, or loans with abusive terms are considered predatory loans.



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ARE YOU A MEMBER OF OR AN ADVISOR TO THE HOUSING FINANCE COMMITTEE?	HAVE YOU ATTENDED AN IPHA HOMEOWNERSHIP FINANCIAL EDUCATION AND COUNSELING WORKSHOP?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ABOUT YOUR HOUSING SITUATION		
<b>How many people are part of YOUR household? "Household" includes anyone you share income and expenses with, including: 1) your financial dependents (for example, your dependent children); 2) anyone you depend on financially (for example, your parents); and 3) anyone you are financially interdependent with (for example, your spouse or partner). Your "household" may or may not be the same as the people you live with.</b>		
HOUSEHOLD SIZE (NUMBER OF PEOPLE, INCLUDING CHILDREN, THAT SHARE INCOME AND EXPENSES IN YOUR HOUSEHOLD):		
_____	+	_____ = _____
Number of Adults Over 18 (including yourself)		Number of Children Under 18 Total Size of Household
PLEASE RATE THE OVERALL CONDITION OF YOUR HOME:		
<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
PLEASE MARK ANY OF THE FOLLOWING THAT CURRENTLY APPLY TO YOUR HOME:		
<input type="checkbox"/> Lack of running water <input type="checkbox"/> Lack of adequate sanitation facilities <sup>5</sup> <input type="checkbox"/> Other substandard conditions (describe): _____ <input type="checkbox"/> Lack of working heat <input type="checkbox"/> Dwelling structurally unsafe <input type="checkbox"/> My home has none of the above substandard conditions. <input type="checkbox"/> Lack of electricity		
IN THE LAST YEAR WERE YOU UNABLE TO AFFORD TO PAY FOR ANY OF THE UTILITIES BELOW?		
<input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> None; I was able to pay all of my utilities this year.		
HOW OFTEN DO YOU PERFORM UPKEEP AND MAINTENANCE ON YOUR CURRENT PLACE OF RESIDENCE?		
<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> All the time		
HOW MANY BEDROOMS ARE IN THIS PHYSICAL STRUCTURE?	HOW MANY TIMES HAVE YOU BEEN LATE WITH YOUR MORTGAGE/RENT PAYMENTS IN THE LAST 12 MONTHS?	HAVE YOU RECEIVED AN EVICTION/VACATE NOTICE IN THE PAST 12 MONTHS?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE TELL US ABOUT YOUR CURRENT LIVING SITUATION.		
<b>What type of housing do you currently live in?</b> <input type="checkbox"/> I am currently renting in → <input type="checkbox"/> public/tribal (low-income) housing. the private sector. <sup>6</sup> <input type="checkbox"/> I currently own my own → <input type="checkbox"/> manufactured home (previously known as a mobile home). <sup>7</sup> <input type="checkbox"/> modular or stick-built home. <sup>8</sup> <input type="checkbox"/> I currently live at a motel/hotel. <input type="checkbox"/> I currently live in a shelter. <input type="checkbox"/> I currently live at another person's home rent-free. <input type="checkbox"/> I am currently homeless. <input type="checkbox"/> Other (please specify): _____	<b>Where do you currently live?</b> <input type="checkbox"/> In town <input type="checkbox"/> Out of town, rural <input type="checkbox"/> Other (please specify): _____ <b>Land status of where you live:</b> <input type="checkbox"/> Tribally owned land <input type="checkbox"/> My/my family's land <input type="checkbox"/> Other (please specify): _____	<b>Who do you currently live with?</b> <input type="checkbox"/> Just myself <input type="checkbox"/> Myself and immediate family (partner and/or children) <input type="checkbox"/> Relatives <input type="checkbox"/> Other (please specify): _____
IF YOU DON'T CURRENTLY OWN A HOME, HAVE YOU IN THE PAST?	IF YES, WHEN DID YOU PURCHASE YOUR LAST HOME?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>5</sup> Such as a septic tank, sewer system, etc.

<sup>6</sup> Privately-owned; not owned by the tribe or government.

<sup>7</sup> A manufactured home (formerly known as a mobile home) is built to the Manufactured Home Construction and Safety Standards (HUD Code) and displays a red certification label on the exterior of each transportable section. Manufactured homes are built in the controlled environment of a manufacturing plant and are transported in one or more sections on a permanent chassis.

<sup>8</sup> A stick-built home is a wooden house constructed entirely or largely on-site; that is built on the site which it is intended to occupy upon its completion rather than in a factory or similar facility. Modular homes are constructed to the same state, local or regional building codes as site-built homes. Other types of systems-built homes include panelized wall systems, log homes, structural insulated panels, and insulating concrete forms.



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**PLEASE TELL US WHAT YOU WOULD LIKE TO CHANGE ABOUT YOUR CURRENT LIVING SITUATION, IF ANYTHING.**

Please choose the option below that best describes how you feel about your type of housing:

- ☐ I am happy where I am at and with the quality of my housing and therefore see no reason to change.
- ☐ I'd like to change something about my housing situation. *(for example, whether I rent or own, or am in a transitory situation, or if I want to improve the mobile home or stick built house I own)*
- ☐ I'd like to start renting in
- ☐ public/tribal (low-income) housing.  
☐ the private sector.<sup>6</sup>
- ☐ I'd like to purchase a(n)
- ☐ new construction modular or stick-built home.<sup>7</sup>  
☐ new construction manufactured home (previously known as a mobile home).<sup>7</sup>  
☐ existing modular or stick-built home.  
☐ existing manufactured home (previously known as a mobile home).<sup>7</sup>  
☐ land/home package.  
☐ condo/townhome.  
☐ other type of home not listed above.  
(Please specify: \_\_\_\_\_)
- ☐ I'd like to improve/rehabilitate my
- ☐ manufactured home (previously known as a mobile home).<sup>7</sup>  
☐ modular or stick-built home.<sup>8</sup>
- ☐ Other (please specify): \_\_\_\_\_

Please select the option that best describes how you feel about where you live:

- ☐ I am happy with the physical location of where I live and therefore see no reason to change it.
- ☐ I am interested in moving to a different physical location. *(for example, in or out of town, or on or off tribal or personally owned land)*
- ☐ I'd like to move to an area that is
- ☐ in town.  
☐ out of town (a rural area).  
☐ different than listed above. (Please specify: \_\_\_\_\_)
- ☐ I'd like to move to land that is
- ☐ tribally-owned.  
☐ owned by my family.  
☐ a different land status than mentioned above. (Please specify: \_\_\_\_\_)

Please select the option that best describes how you feel about who you live with:

- ☐ I am happy with who I live with and therefore see no reason to change it.
- ☐ I would like to change who I live with. *(for example, moving out of my parents' house or moving to live in the same house as my sister)*
- ☐ I'd like to live alone.  
☐ I'd like to live just with my immediate family (partner and/or children).  
☐ I'd like to move in with relatives.  
☐ I'd like to live with someone other than listed above. (Please specify: \_\_\_\_\_)

**WHAT SERVICES WOULD BE HELPFUL IN CHANGING YOUR HOUSING SITUATION (SELECT ALL THAT APPLY)?**

- ☐ Down payment assistance  
☐ Closing cost assistance  
☐ Credit counseling/repair
- ☐ Help finding a home  
☐ Help with loan qualification  
☐ Information on land Issues
- ☐ Education on the homeownership process  
☐ Information on gap financing  
☐ Other (please specify): \_\_\_\_\_

**BUSINESS INFORMATION AND INTEREST**

DO YOU CURRENTLY OWN ONE OR MORE BUSINESSES (INCLUDING SELF-EMPLOYMENT, SUCH AS SELLING ART OR FOOD OUT OF YOUR HOME AND/OR FARMING AND RANCHING ACTIVITIES)?

☐ Yes  
☐ No

IF YES, HOW MANY?

If you answered 'Yes' above, please complete the 'Existing Business' section below. If you answered 'No' above, please skip to the 'New Business' section.

**EXISTING BUSINESS: LIST INFORMATION FOR THE PRIMARY BUSINESS YOU OWN BELOW.**

**PRIMARY BUSINESS**

BUSINESS NAME:	DATE STARTED (MM/DD/YYYY):	NAICS CODE <sup>9</sup> :

<sup>9</sup> If you don't know your NAICS code, you can find it at [www.naics.com/search](http://www.naics.com/search).



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BUSINESS TYPE (CHOOSE ALL THAT APPLY FROM 'BUSINESS TYPES' LIST BELOW):		GENERAL DESCRIPTION (INCLUDING PRODUCTS AND SERVICES <sup>10</sup> OFFERED):	
ARE YOU INTERESTED IN EXPANDING THIS EXISTING BUSINESS?		IF YES, PLEASE DESCRIBE THE BUSINESS EXPANSION PROJECT.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>BUSINESS TYPES</b> (Use these options to fill in 'BUSINESS TYPE' field(s) above.)			
1. Agriculture, Forestry, Fishing & Hunting 2. Mining 3. Utilities 4. Construction 5. Manufacturing 6. Wholesale Trade 7. Retail Trade 8. Transportation & Warehousing 9. Information 10. Finance & Insurance 11. Real Estate Rental & Leasing 12. Professional, Scientific & Technical Services 13. Management of Companies & Enterprises 14. Administrative & Support & Waste Management & Remediation Services 15. Educational Services 16. Health Care and Social Assistance 17. Arts, Entertainment & Recreation 18. Accommodation & Food Services 19. Public Administration 20. Other (specify)			
NEW BUSINESS: PROVIDE INFORMATION FOR A BUSINESS THAT YOU WANT TO START.			
ARE YOU INTERESTED IN STARTING A NEW BUSINESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered 'Yes' above, please continue answering the questions in this section. If you answered 'No' above, please skip to the 'Household Information' section.			
DO YOU HAVE OR ARE YOU WORKING ON A BUSINESS PLAN?		IF YOU HAVE A COMPLETED BUSINESS PLAN, WHEN WAS IT COMPLETED (MM/DD/YYYY)?	
<input type="checkbox"/> Yes, I have a completed business plan. <input type="checkbox"/> Yes, I'm working on a business plan. <input type="checkbox"/> No, I haven't started a business plan yet.			
PLEASE RANK YOUR LEVEL OF COMFORT IN WRITING A BUSINESS PLAN.			
<input type="checkbox"/> Very uncomfortable <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Neither uncomfortable nor comfortable <input type="checkbox"/> Comfortable <input type="checkbox"/> Very comfortable			
WHAT TYPE OF BUSINESS(ES) DO YOU WANT TO START (CHECK ALL THAT APPLY)?			
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Information <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Real Estate Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Administrative & Support & Waste Management & Remediation Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Other (please specify): _____			
PLEASE PROVIDE A GENERAL DESCRIPTION OF THE BUSINESS(ES) YOU'D LIKE TO START, INCLUDING THE SERVICES/PRODUCTS YOU WOULD LIKE TO OFFER.			

WELL-BEING					
FINANCIAL WELL-BEING					
PLEASE CHECK THE BOX THAT DESCRIBES YOUR RESPONSE TO EACH STATEMENT.					
STATEMENT	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE
Because of my money situation, I feel like I will never have the things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am securing my financial future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YOU HAD AN UNEXPECTED EXPENSE OR SOMEONE IN YOUR FAMILY LOST A JOB, GOT SICK, OR HAD ANOTHER EMERGENCY, HOW CONFIDENT ARE YOU THAT YOUR FAMILY COULD COME UP WITH THE MONEY TO MAKE ENDS MEET WITHIN A MONTH?					
<input type="checkbox"/> Not at all confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident					

<sup>10</sup> For example, if your business is a construction business please indicate your main services, such as flooring, roofing, single-family homes, etc. If your business is professional, scientific, or technical please indicate your main areas of service, such as payroll, taxes, legal, marketing, photography, etc.





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<b>HOW CONFIDENT ARE YOU IN YOUR ABILITY TO ACHIEVE A FINANCIAL GOAL THAT YOU SET FOR YOURSELF TODAY?</b>					
<input type="checkbox"/> Not at all confident		<input type="checkbox"/> Somewhat confident		<input type="checkbox"/> Very confident	
<b>DOES YOUR HOUSEHOLD HAVE A BUDGET, SPENDING PLAN, OR FINANCIAL PLAN?</b>					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<b>OVER THE PAST YEAR, WOULD YOU SAY YOUR SPENDING WAS LESS THAN, MORE THAN, OR ABOUT EQUAL TO YOUR INCOME (PLEASE DO NOT INCLUDE THE PURCHASE OF A NEW HOUSE OR CAR, OR OTHER BIG INVESTMENTS YOU MAY HAVE MADE)?</b>					
<input type="checkbox"/> Spending less than income		<input type="checkbox"/> Spending more than income		<input type="checkbox"/> Spending about equal to income	
<input type="checkbox"/> Don't know					
<b>IN THE PAST YEAR, IN WHAT WAYS HAVE YOU GIVEN BACK TO YOUR COMMUNITY? SELECT ALL THAT APPLY:</b>					
<input type="checkbox"/> Donations of time		<input type="checkbox"/> Donations of professional services or goods		<input type="checkbox"/> Donations of money to charitable organizations	
<input type="checkbox"/> Lending or giving money to friends and/or family		<input type="checkbox"/> Mentoring community members		<input type="checkbox"/> Other (please specify): _____	
<input type="checkbox"/> I haven't yet					
<b>PLEASE EXPLAIN ALL RESOURCES GIVEN BACK TO THE COMMUNITY.</b>					
<b>PERSONAL WELL-BEING</b>					
<b>PLEASE CHECK THE BOX THAT DESCRIBES YOUR RESPONSE TO EACH STATEMENT.</b>					
<b>STATEMENT</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEITHER DISAGREE NOR AGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
I have the necessary knowledge to set realistic financial goals for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share financial knowledge with family and other community <sup>11</sup> members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly participate in community events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud to belong to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live in stable housing that is affordable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DO YOU HAVE ANY OTHER COMMENTS, QUESTIONS, OR CONCERNS?</b>					

ALTERNATE/EMERGENCY CONTACT		
<b>NAME (FIRST, LAST):</b>	<b>PHONE NUMBER:</b>	<b>RELATIONSHIP TO YOU:</b>
<b>HAS THE PERSON LISTED ABOVE BEEN INFORMED THAT S/HE IS LISTED AS AN ALTERNATE CONTACT TO BE CONTACTED IN THE CASE OF EMERGENCY OR IF YOU CANNOT BE CONTACTED VIA ONE OF THE METHODS LISTED ABOVE?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>11</sup> Community in however you define it.



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## EMPLOYMENT WORKSHEET

Today's Date: \_\_\_\_\_

SELF REPORTED EMPLOYMENT INFORMATION			
CURRENT EMPLOYER(S)			
HOW MANY JOBS (REGULAR AND SELF-EMPLOYMENT, SEASONAL, TEMPORARY, OR PERMANENT) DO YOU CURRENTLY HAVE?			
Please provide employment information for these positions below.			

CURRENT EMPLOYMENT POSITION #1			
EMPLOYER NAME:		EMPLOYER PHONE:	
EMPLOYER ADDRESS:		CITY:	STATE: ZIP:
TYPE OF EMPLOYMENT		IS THIS SEASONAL OR TEMPORARY WORK?	
<input type="checkbox"/> Regular <input type="checkbox"/> Self		<input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION/TITLE:		HOW MANY HOURS PER WEEK DO YOU WORK ON AVERAGE?	
DATE STARTED (MM/DD/YYYY):		HOW OFTEN ARE YOU PAID?	
HOW MUCH DO YOU GET PAID (BEFORE TAXES) WHEN YOU DO?		DO YOU CURRENTLY REPORT THIS INCOME ON YOUR TAXES? <sup>1</sup>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT EMPLOYMENT POSITION #2			
EMPLOYER NAME:		EMPLOYER PHONE:	
EMPLOYER ADDRESS:		CITY:	STATE: ZIP:
TYPE OF EMPLOYMENT		IS THIS SEASONAL OR TEMPORARY WORK?	
<input type="checkbox"/> Regular <input type="checkbox"/> Self		<input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION/TITLE:		HOW MANY HOURS PER WEEK DO YOU WORK ON AVERAGE?	
DATE STARTED (MM/DD/YYYY):		HOW OFTEN ARE YOU PAID?	
HOW MUCH DO YOU GET PAID (BEFORE TAXES) WHEN YOU DO?		DO YOU CURRENTLY REPORT THIS INCOME ON YOUR TAXES? <sup>2</sup>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>1</sup> We are not asking this information to make sure that you are claiming income, but so that we can better evaluate your eligibility for our programs and services. We will not report any unclaimed income to the IRS.

<sup>2</sup> We are not asking this information to make sure that you are claiming income, but so that we can better evaluate your eligibility for our programs and services. We will not report any unclaimed income to the IRS.



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FORMER EMPLOYER(S)				
HOW MANY JOBS (REGULAR AND SELF-EMPLOYMENT, SEASONAL, TEMPORARY, OR PERMANENT) HAVE YOU HAD IN THE LAST TWO YEARS?				
<b>Please provide employment information for the positions held in the past two years below.</b>				
<b>FORMER EMPLOYMENT POSITION #1</b>				
EMPLOYER NAME:		EMPLOYER PHONE:		
EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
TYPE OF EMPLOYMENT:		WAS THIS SEASONAL OR TEMPORARY WORK?		
<input type="checkbox"/> Regular <input type="checkbox"/> Self		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DATE STARTED (MM/DD/YYYY):	DATE ENDED (MM/DD/YYYY):	HOW OFTEN WERE YOU PAID?	HOW MUCH DID YOU GET PAID (BEFORE TAXES) WHEN YOU DID?	
DESCRIPTION OF POSITION/TITLE/DUTIES:			HOW MANY HOURS DID YOU WORK ON AVERAGE?	
DID YOU REPORT THIS INCOME ON YOUR TAXES? <sup>7</sup>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>FORMER EMPLOYMENT POSITION #2</b>				
EMPLOYER NAME:		EMPLOYER PHONE:		
EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
TYPE OF EMPLOYMENT:		WAS THIS SEASONAL OR TEMPORARY WORK?		
<input type="checkbox"/> Regular <input type="checkbox"/> Self		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DATE STARTED (MM/DD/YYYY):	DATE ENDED (MM/DD/YYYY):	HOW OFTEN WERE YOU PAID?	HOW MUCH DID YOU GET PAID (BEFORE TAXES) WHEN YOU DID?	
DESCRIPTION OF POSITION/TITLE/DUTIES:			HOW MANY HOURS DID YOU WORK ON AVERAGE?	
DID YOU REPORT THIS INCOME ON YOUR TAXES? <sup>7</sup>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>FORMER EMPLOYMENT POSITION #3</b>				
EMPLOYER NAME:		EMPLOYER PHONE:		
EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
TYPE OF EMPLOYMENT:		WAS THIS SEASONAL OR TEMPORARY WORK?		
<input type="checkbox"/> Regular <input type="checkbox"/> Self		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DATE STARTED (MM/DD/YYYY):	DATE ENDED (MM/DD/YYYY):	HOW OFTEN WERE YOU PAID?	HOW MUCH DID YOU GET PAID (BEFORE TAXES) WHEN YOU DID?	
DESCRIPTION OF POSITION/TITLE/DUTIES:			HOW MANY HOURS DID YOU WORK ON AVERAGE?	
DID YOU REPORT THIS INCOME ON YOUR TAXES? <sup>7</sup>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				



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FORMER EMPLOYMENT POSITION #4			
EMPLOYER NAME:		EMPLOYER PHONE:	
EMPLOYER ADDRESS:		CITY:	STATE: ZIP:
TYPE OF EMPLOYMENT:		WAS THIS SEASONAL OR TEMPORARY WORK?	
<input type="checkbox"/> Regular <input type="checkbox"/> Self		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE STARTED (MM/DD/YYYY):	DATE ENDED (MM/DD/YYYY):	HOW OFTEN WERE YOU PAID?	HOW MUCH DID YOU GET PAID (BEFORE TAXES) WHEN YOU DID?
DESCRIPTION OF POSITION/TITLE/DUTIES:			HOW MANY HOURS DID YOU WORK ON AVERAGE?
DID YOU REPORT THIS INCOME ON YOUR TAXES? <sup>7</sup>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

#### REQUEST FOR VERIFICATION OF EMPLOYMENT

I have applied for a loan through TIWA Lending Services Loan Program. My signature below authorizes verification and release of the information requested.

SIGNATURE

DATE

EMPLOYEE ID NUMBER:

SOCIAL SECURITY NUMBER:



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## PERSONAL BALANCE SHEET

Today's Date: \_\_\_\_\_

PERSONAL BALANCE SHEET				
PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR PERSONAL FINANCES.				
<b>ASSETS</b>				
<b>LIQUID ASSETS</b>				
Cash		\$		
Checking Account(s)		\$		
Savings Account(s)		\$		
<b>INVESTMENT ASSETS</b>				
Retirement Account(s) (e.g. – 401K, TSP, IRA)		\$		
Other Investments (please specify):		\$		
Other Investments (please specify):		\$		
<b>PERSONAL ASSETS</b>				
House (location):		\$		
Other Property or Land (location):		\$		
Vehicle(s) (make, model, year):		\$		
Other Assets (please specify):		\$		
Other Assets (please specify):		\$		
		<b>TOTAL ASSETS</b>	\$	
<b>DEBT (LIST EACH DEBT ACCOUNT SEPARATELY)</b>				
TYPE	NAME OF CREDITOR	CURRENT BALANCE (TOTAL AMOUNT OWED)	PAYMENT FREQUENCY	MINIMUM PAYMENT
Isleta Pueblo Housing Authority/TLS		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
Mortgage(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
Car Payment(s)/ Auto Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
Student Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
Credit Card(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
Friend or Family Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): _____	\$



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Medical Debt		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Tax Debt		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Payday Loan(s), Car Title Loan(s), or Similar Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Other		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
TOTAL DEBT		\$	TOTAL MONTHLY DEBT REPAYMENTS			\$
NET WORTH (TOTAL ASSETS MINUS TOTAL DEBT)						\$
ARE YOU DELINQUENT ON ANY OF THE DEBT LISTED ABOVE?						
<input type="checkbox"/> Yes → Which debt(s) are you delinquent on: _____						
<input type="checkbox"/> No						



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## PERSONAL PROFIT & LOSS STATEMENT

Today's Date: \_\_\_\_\_

ANNUAL HOUSEHOLD INCOME		
<b>"Household" includes anyone you share income and expenses with, including: 1) your financial dependents (for example, your dependent children); 2) anyone you depend on financially (for example, your parents); and 3) anyone you are financially interdependent with (for example, your spouse or partner). Your "household" may or may not be the same as the people you live with.</b>		
ANNUAL HOUSEHOLD INCOME (TOTAL INCOME FROM ALL INDIVIDUALS IN YOUR HOUSEHOLD. THIS INFORMATION MUST BE PROVIDED IN ORDER TO DETERMINE ELIGIBILITY FOR OUR PROGRAMS AND SERVICES. PLEASE PROVIDE ACCURATE FIGURES TO THE BEST OF YOUR ABILITY.); PLEASE INDICATE THE TYPES AND AMOUNTS OF ALL INCOME/BENEFITS/ASSISTANCE YOUR HOUSEHOLD RECEIVES.		
EARNED INCOME	MONTHLY	ANNUAL
Wages	\$	\$
Self-Employment (W9/1099 income and/or owner's draws/disbursements)	\$	\$
Other Earned Income (such as from selling art or food from your own, childcare, eldercare, etc. that you earn income from but do not claim on your taxes as self-employment income)	\$	\$
GOVERNMENT ASSISTANCE	MONTHLY	ANNUAL
Welfare/Temporary Assistance for Needy Families (TANF)	\$	\$
Unemployment Benefits	\$	\$
Supplemental Nutrition Assistance Program (SNAP, food stamps, EBT)	\$	\$
Medicaid	\$	\$
SOCIAL SECURITY BENEFITS	MONTHLY	ANNUAL
Retirement Benefits (personally, survivor, and/or dependents)	\$	\$
Disability Benefits (personally, survivor, and/or dependents)	\$	\$
Supplemental Security Income	\$	\$
Medicare Benefits	\$	\$
OTHER INCOME	MONTHLY	ANNUAL
Alimony	\$	\$
Child Support	\$	\$
General Assistance (GA)	\$	\$
Interest	\$	\$
Low Income Home Energy Assistance Program (LIHEAP)	\$	\$
Per Capita Payments	\$	\$
Non-Social Security Retirement Payments (401K, pensions, IRA, etc.)	\$	\$
Non-Social Security Disability Benefits	\$	\$
Tribal Programs	\$	\$
Veterans Assistance	\$	\$
Women, Infants, and Children (WIC) Food and Nutrition Services	\$	\$
Worker's Compensation	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
<b>SUMMED ANNUAL HOUSEHOLD INCOME (CALCULATE FROM FIGURES IN ANNUAL COLUMN ABOVE):</b>		
_____ Earned Income	+	_____ Government Assistance
_____ Social Security Benefits	+	_____ Other Income
		= _____ Annual Household Income



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ANNUAL HOUSEHOLD EXPENSES		
<b>"Household" includes anyone you share income and expenses with, including: 1) your financial dependents (for example, your dependent children); 2) anyone you depend on financially (for example, your parents); and 3) anyone you are financially interdependent with (for example, your spouse or partner). Your "household" may or may not be the same as the people you live with.</b>		
ANNUAL HOUSEHOLD EXPENSES (TOTAL EXPENSES FOR ALL INDIVIDUALS IN YOUR HOUSEHOLD. THIS INFORMATION MUST BE PROVIDED IN ORDER TO COMPLETE THE APPLICATIONS FOR OUR PROGRAMS AND SERVICES. PLEASE PROVIDE ACCURATE FIGURES TO THE BEST OF YOUR ABILITY.): PLEASE INDICATE THE TYPES AND AMOUNTS OF ALL EXPENSES YOUR HOUSEHOLD HAS.		
HOME EXPENSES	MONTHLY	ANNUAL
Mortgage (including taxes)/Rent	\$	\$
Home/Renters Insurance	\$	\$
Electric	\$	\$
Water/Sewer	\$	\$
Gas/Propane/Other Source of Heat	\$	\$
Garbage/Trash	\$	\$
Internet	\$	\$
TV	\$	\$
Phone (landline and cell)	\$	\$
BASIC LIVING EXPENSES	MONTHLY	ANNUAL
Groceries	\$	\$
Clothing	\$	\$
Medical/Dental Bills/Medications	\$	\$
Health Insurance	\$	\$
Childcare	\$	\$
OTHER LIVING EXPENSES	MONTHLY	ANNUAL
Dining/Restaurants/Eating Out	\$	\$
Travel	\$	\$
Personal Care <sup>1</sup>	\$	\$
Charity/Gifts	\$	\$
Entertainment	\$	\$
Pets	\$	\$
Home Improvements	\$	\$
DEBT PAYMENTS	MONTHLY	ANNUAL
Credit Card Payment(s)	\$	\$
Personal/Education Loan Payment(s)	\$	\$
Tax Debt Payment(s)	\$	\$
VEHICLE/TRANSPORTATION EXPENSES	MONTHLY	ANNUAL
Car Payments	\$	\$
Car Insurance	\$	\$
Licensing/Tax Fees	\$	\$
Car Repairs/Maintenance	\$	\$
Gas	\$	\$
Public Transportation (bus, taxi, uber/lyft, train, etc.)	\$	\$

<sup>1</sup> Personal care includes products/services for hair, oral hygiene, shaving needs, cosmetics and bath, electric personal care appliances, and other similar personal care products/services.





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MISCELLANEOUS EXPENSES	MONTHLY	ANNUAL					
Alimony/Child Support	\$	\$					
Life Insurance	\$	\$					
Disability Premiums	\$	\$					
Retirement Contribution	\$	\$					
OTHER EXPENSES	MONTHLY	ANNUAL					
Other (please specify):	\$	\$					
Other (please specify):	\$	\$					
SUMMED ANNUAL HOUSEHOLD EXPENSES (CALCULATE FROM FIGURES IN ANNUAL COLUMN ABOVE):							
<div> <div>+</div> <div>+</div> <div>+</div> <div>+</div> <div>+</div> <div>+</div> <div>+</div> <div>=</div> </div>							
Home Expenses	Basic Living	Other Living	Debt	Vehicle/Transport	Miscellaneous	Other	Annual Household Expenses



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## COLLATERAL WORKSHEET

Today's Date: \_\_\_\_\_

COLLATERAL <sup>1</sup> WORKSHEET		
PLEASE LIST THE ITEMS AVAILABLE FOR COLLATERAL FOR THIS LOAN. COLLATERAL VALUE SHOULD BE EQUAL TO OR MORE THAN THE LOAN AMOUNT REQUESTED.		
DESCRIPTION OF COLLATERAL:	PHYSICAL LOCATION OF COLLATERAL:	ESTIMATED VALUE (VALUE LESS ANY LENDER LIENS <sup>2</sup> ):
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL COLLATERAL VALUE		\$

<sup>1</sup> Collateral is a property or other assets that a borrower offers a lender to secure a loan. If the borrower stops making the promised loan payments, the lender can seize the collateral to recoup its losses.

<sup>2</sup> A lien is a record that can be put on your asset, meaning that any sale proceeds of the asset will go to a lien holder/lien holder must approve any transfer of ownership. The asset continues to belong to the owner.