



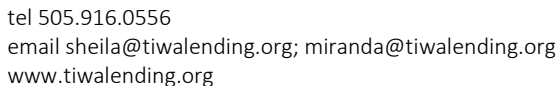
Tiwa Lending Services
PO Box 902
Isleta, NM 87022

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)		
	<input type="checkbox"/> Voided check or direct deposit form		
PERSONAL INFORMATION			
NAME (FIRST, MIDDLE, LAST):		SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):	CITY:	STATE:	ZIP:
HOW LONG HAVE YOU LIVED AT THIS PHYSICAL ADDRESS?			
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):	
MARITAL STATUS:			
<input type="checkbox"/> Single	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Civil Union	<input type="checkbox"/> Separated
<input type="checkbox"/> Domestic Partnership			
CITIZENSHIP STATUS:			
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Non-Permanent Resident Alien	
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
GENDER:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Refuse to answer	<input type="checkbox"/> Other
RACE/ETHNICITY (SELECT ALL THAT APPLY):			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> American Indian (Tribe: _____)	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Alaska Native (Village: _____)	<input type="checkbox"/> Latino or Hispanic	<input type="checkbox"/> Other (please specify): _____	
# OF DEPENDENTS:		AGE(S) OF DEPENDENTS:	
WOULD YOU LIKE TO TALK ABOUT YOUR HOUSING SITUATION FURTHER WITH TIWA LENDING SERVICES?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			



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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOUR PERSONAL AND/OR BUSINESS TAXES PAST DUE?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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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

EQUAL CREDIT OPPORTUNITY ACT DISCLOSURE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so.

Having made this disclosure to you, we are permitted to inquire if any of the income show on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

SIGNATURE

DATE

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 Consumer 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 Consumer 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.

SIGNATURE

DATE



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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.	
ARE YOU EMPLOYED BY A FAMILY MEMBER, PROPERTY SELLER, REAL ESTATE AGENT, OR OTHER PARTY TO THIS TRANSACTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FOR YOUR CURRENT POSITION, ARE YOU THE BUSINESS OWNER OR SELF-EMPLOYED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF BUSINESS OWNER OR SELF-EMPLOYED, WHAT IS YOUR OWNERSHIP SHARE?	<input type="checkbox"/> I have an ownership share of less than 25% <input type="checkbox"/> I have an ownership share of 25% or more
IF BUSINESS OWNER OR SELF-EMPLOYED, MONTHLY INCOME (OR LOSS):	\$

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? ¹	
		<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? ²	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ 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?				
FOR YOUR PREVIOUS POSITION(S), WERE YOU THE BUSINESS OWNER OR SELF-EMPLOYED?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide employment information for the positions held in the past two years below.				
FORMER EMPLOYMENT POSITION #1				
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? ⁷				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
FORMER EMPLOYMENT POSITION #2				
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? ⁷				
<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.

NAME (PRINT):

SIGNATURE:

EMPLOYEE ID NUMBER:

DATE:

SOCIAL SECURITY NUMBER: