



Karuk Community Loan Fund, Inc.

ELP
Emergency Loan Program

INDIVIDUAL Loan Application

P.O. Box 465, Yreka, CA 96097 Ph: 530-842-7050 Fax: 530-842-2262

**Please make sure that all information in this application is accurate and fully completed.
The application must be completed in full with all attachments in order for it to be processed.
PLEASE be sure to attach copies of the following information:**



- Copy of Social Security Card
- Copy of Driver's License
- Verification of Income: 2 current paycheck stubs showing current and year-to-date income.
- Copies of Bank Statements for the last two months, including checking and savings accounts.
- Background information: If you checked "YES" to any question, please include complete information including any felony convictions.
- Information Disclosure Authorization signed (page 4).
- Current or former landlord's Name, Address, and Phone Number **or** Current Mortgage Statement.

APPLICANT Information		
Full Name		
Social Security #	Date of Birth	Age
Phone ()Home &/or ()Cell		
Present Street Address	How Long?	
Mailing Address	County	
City	State	Zip
Email		
<i>If residing at current address less than 2 years, give previous address</i>		
Previous Address	Dates - From/To	
City	State	Zip

Employment Information (give names for a minimum two years employment)	
Name and Address of Employer	Dates - From / To
	Monthly Income
Position Held	Business Phone & ext.
Name and Address of Employer	Dates - From / To
	Monthly Income
Position Held	Business Phone & ext.
Name and Address of Employer	Dates - From / To
	Monthly Income
Position Held	Business Phone & ext.

Income Information

List all money earned or received including Wages, Self-Employment, Child Support, Social Security, Disability, Workman's Comp., Retirement, Veteran's benefits, etc.

Source of Income	Gross Monthly Amount

=> *Remember to attach verifications for each item above.*

Liabilities Information

List all liabilities including car payments, creditors, outstanding debts, etc.

Debt Paid To	Monthly Payment Amount

If more space is needed, attach on a separate sheet.

Checking / Savings Accounts

Bank	Checking or Savings	Account #	Balance

Assets Information

Please list the automobiles / motorcycles that you own:

Year _____ Make _____ Model _____
 Year _____ Make _____ Model _____
 Year _____ Make _____ Model _____

Property Information for Homeowners

Address of Property	Current Market Value	Amount Owed	Monthly Payment

Please tell us the nature of your request for this loan:

Empty text area for loan request details.

\$ Amount Requested:

Declarations of Applicant

Please explain any "Yes" answers on the back of this sheet.

	Yes	No
a. Are there any outstanding judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever had property foreclosed or repossessed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you presently delinquent or in default on any debt or any other loan, mortgage or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are you a co-maker, co-signer or endorser on any note?	<input type="checkbox"/>	<input type="checkbox"/>

Tribal Affiliation

Race/National Origin: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not Hispanic Origin
<input type="checkbox"/> Black, not Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify)

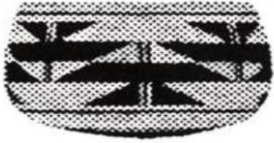
I, the undersigned, specifically acknowledge and agree that all information in this Application is true and accurate. I understand that all changes in income or employment must be reported to KCLF immediately. I understand that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or prosecution. Karuk Community Loan Fund may verify any information contained in this application through any sources, including credit reporting agencies, background checks, criminal investigations or any other form of written or electronic media.

I agree that I am personally responsible for this loan under any and all circumstances.

Signature: _____ Date: _____

Return to:

KARUK COMMUNITY LOAN FUND, INC.
P O Box 465
Yreka, CA 96097
Ph: 530-842-7050
Fax: 530-842-2262



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Internet: www.kclf.us

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I, the undersigned, hereby authorize you to release, from any Credit Reporting Agency, Lender, Banking establishment, Employer, Public Agency, or others, as needed, for verification purposes, any information concerning:

- > Employment History, dates, title, income, hours worked, etc.
- > State Wage Information for unemployment compensation
- > Social Security Administration for wages, self-employment or SSI information
- > Bank and Savings account records
- > Mortgage Loan Rating (opening date, high credit, payment history, loan balances, etc.)
- > Criminal background investigation
- > Any information deemed necessary in connection with a consumer credit report for loan purposes.

This information is for the Karuk Community Loan Fund's confidential use in compiling a credit evaluation.

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Date

Print Name

Social Security Number

Signature