



# Karuk Community Loan Fund, Inc.

www.kclf.us

## Application / Checklist

Fax: (530) 842-2262

P O Box 465 Yreka, CA 96097

Phone: (530) 842-7050

**Please make sure that all information on 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:**

- Copies of Social Security Cards for all Household members listed
- Verification of Enrollment in an Indian Tribe, such as Karuk Tribe Enrollment card, CDIB, or other Tribe.
- Verification of Income for all Household members listed including most recent tax return with W2s, 1099, etc. Also include: 2 current paycheck stubs, award letter, pay records, notice of action letter, Social Security statement, SSI, etc. showing current and year-to-date income.
- Copies of Bank Statements for the last two months, including checking, savings and any other assets.
- Background information: If you checked "YES" to any question, please include complete information regarding any felony convictions.
- Information Disclosure Authorization signed by each adult responsible for income qualification.
- Current or former landlord's Name, Address, and Phone Number or Current Mortgage Statement

APPLICANT Information		CO-APPLICANT Information	
Full Name		Full Name	
Social Security #	Date of Birth	Social Security #	Date of Birth
Phone ( )Home or ( )Cell	Age	Phone ( )Home or ( )Cell	Age
Present Street Address	How Long?	Present Street Address	How Long?
Mailing Address	County	Mailing Address	County
City	State	City	State
Zip		Zip	
Email Address		Email Address	
<b>If residing at current address less than 2 years, give previous address</b>			
Previous Address		Previous Address	
Dates - From / To		Dates - From / To	
City	State	City	State
Zip		Zip	
<b>Employment Information (give names for a minimum two years employment)</b>			
Name and Address of Employer		Name and Address of Employer	
Dates - From / To		Dates - From / To	
Monthly Income		Monthly Income	
Position Held	Business Phone & ext.	Position Held	Business Phone & ext.
Name and Address of Employer		Name and Address of Employer	
Dates - From / To		Dates - From / To	
Monthly Income		Monthly Income	
Position Held	Business Phone & ext.	Position Held	Business Phone & ext.
Name and Address of Employer		Name and Address of Employer	
Dates - From / To		Dates - From / To	
Monthly Income		Monthly Income	
Position Held	Business Phone & ext.	Position Held	Business Phone & ext.

**FAMILY Member Information**

Please Print. Please list all persons who will be living in your home. List Head of Household First.

Full Legal Name	Date of Birth	Sex	Relationship	Tribal Roll #	Social Security #

**Indian Verification**

Qualifying Household Member _____	Enrollment Number _____
Tribal Affiliation _____	Other Verification _____

**Income Information**

List all money earned or received by everyone in your household, including Wages, Self-Employment, AFDC, Child Support, Social Security, Disability, Workman's Comp., Retirement, Veterans benefits, Interest & Dividends, etc.

Household Member	Source of Income	Gross Monthly Amount

**==> Remember to attach verifications per the Application Checklist for each item above.**

**Liabilities Information**

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

Household Member	Debt Paid To	Monthly Payment Amount

**Checking / Savings Accounts**

Name(s) on Account	Bank	Checking or Savings	Account #	Balance

Do you or any household member have any other assets such as stocks, bonds, annuities, etc.? **If yes, attach copies of most recent statement.**  Yes  No

**Assets Information**

1 Does any household member own any real estate, boats and/or mobile home?  Yes  No

2 Has any household member sold, given away, or disposed of any real estate in the last two (2) years?  Yes  No

3 Does anyone outside your household pay any of your bills? **If yes, please explain on back of this sheet.**  Yes  No

4 Please list the automobiles / motorcycles that you own:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Property Information for Homeowners**

If anyone in the household currently owns property, please fill in the following information

Address of Property	Type of Property	Date Acquired	Present Market Value	Amount Owed	Monthly Payment

**Current Rental Situation**

5 Are you living in substandard housing? **If yes, please explain on the back of this sheet.**  Yes  No

6 Are you paying Rent in excess of 50% of your income?  Yes  No

7 Are you being Involuntarily Displaced? **If yes, please explain on the back of this sheet.**  Yes  No

**Disabled / Handicapped Status**

8 Is any household member Disabled or Handicapped? **If yes, please attach documentation.**  Yes  No

**Condition of Current Living Unit**

Do you: Own  Rent  Share  Other:

Number at current residence: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Type of Household: House  Duplex  Apartment  Mobile/Mfg Home

Landlord or Mortgage Co: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Other information about your living conditions that are important for this loan request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Background Information**

9 List any other names used (including Maiden Names): \_\_\_\_\_

10 Has any household member lived in low-income housing?  Yes  No  
If yes, please give addresses and dates on back of this sheet.

11 Has any household member been evicted from a residence?  Yes  No  
**If Yes, explain on back of this sheet.**

12 Has any household member been convicted of a crime?  Yes  No  
**If Yes, explain on the back of this sheet.**

13 Does any household member have any outstanding debts owed to KTHA, KTOC or any of its tribal programs?  Yes  No

**Failure to provide requested information may result in delay or denial of application.**

**Declarations of Applicant and Co-Applicant**

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

The undersigned specifically acknowledges and agrees that all information in this Application is true and accurate. I / We understand that any changes in income or household make-up must be reported to KCLF immediately. I/We understand that any intentional or negligent misrepresentation of the information contained in this application may result in denial of this loan, 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.

\_\_\_\_\_  
Signature - Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Other Person responsible for this loan

\_\_\_\_\_  
Date



To: **Karuk Community Loan Fund, Inc.**  
**P O Box 465**  
**Yreka, CA 96097**  
**Phone: (530) 842-7050**  
**Fax: (530) 842-2262**

[www.kclf.us](http://www.kclf.us)

Date: \_\_\_\_\_

We are (I am) applying for a loan in the amount of \$\_\_\_\_\_

The purpose of this request is: \_\_\_\_\_

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Sign Names:

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Print Names:

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Please remember to return this page with your Loan Application. Thank you!



**KARUK COMMUNITY LOAN FUND, INC.**

**P O Box 465**

**Yreka, CA 96097**

**Phone: 530-842-7050**

**Fax: 530-842-2262**

**Internet: www.kclf.us**



**INFORMATION DISCLOSURE AUTHORIZATION**

To Whom It May Concern:

I/We, 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 and/or housing eligibility evaluations.

This information is for the Karuk Community Loan Fund's confidential use in compiling a credit and/or housing eligibility 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.

Thank you. Your prompt reply will help my Housing Application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature