

MOHICAN LOAN APPLICATION

LOAN INFORMATION

REFINANCE **NEW**

Amount of loan request
\$

Applicant's enrollment number #

Please include a **\$20.00 application fee**. Applications are not complete until this fee is paid

APPLICANT INFORMATION			
Name:		Maiden name:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Landlord phone:			
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Previous employer:			
Address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
Have you ever had a Tribal loan discharged through Bankruptcy? <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you had any outstanding judgments or declared bankruptcy in the last 2 years? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you a cosigner or endorser on any notes? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you a defendant in any legal actions or suits? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you obligated to pay alimony, child support or separate maintenance income? <input type="checkbox"/> yes <input type="checkbox"/> no			
SPOUSE INFORMATION			
Name:		Maiden name:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	

APPLICATION INFORMATION CONTINUED			
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Previous employer:			
Address:			
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Name of a relative not residing with you:			
Address:			Phone:
City:	State:	ZIP Code:	
Relationship:			
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Mortgage amount:	Phone:		
Rent amount:	Phone:		
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		

AUTHORIZATION AND SIGNATURE PAGE
This page must be signed or application is considered incomplete

I certify that the statements made in this loan application are true and complete. I hereby authorize the release and disclosure of written and verbal information to the Mohican Loan Department, to verify the information provided on this application as to my credit, employment history, Tribal enrollment and any other information needed to process my loan application. I agree to the provisions of any tribal law, polices and agreements governing this loan. I agree to notify the Mohican Loan Department of any financial changes that may affect the process of this loan. I understand that this application is subject to approval.

Notice to Married Applicants; No provision of any marital property agreement, unilateral statement under Wis. Stat. s.766.59 or court decree under s.766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision. The loan being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required to give notice of this credit transaction to my spouse.

Applicant's signature **Date**

Applicant Print Name **Date**

Applicant's address

Date of Birth

Social Security #

Spouse's signature **Date**

Spouse Print Name **Date**

Spouse's address

Date of Birth

Social Security #