

Mohican Loan Department Loan Application Checklist

To help your loan application process go through as quickly as possible, please submit the following information along with your **Loan application before 4pm each Monday if want disbursement that Friday.**

- **\$25.00 application fee**
- **Include fax number or email address of employer on application if applicable**
- **If Self-employed or paid on commission, please bring copies of individual federal tax returns from the previous year**
- **Copy of Social Security or other benefits that are allowable as income**
- **Copy of enrollment card and driver's license or government issued ID**

I am looking forward to processing your Loan Application. If you have any questions, please call Tanya at (715) 793-4861 email tanya.wickersham@mohcian-nsn.gov or fax (715)793-4889.

As part of the Mohican Loan Department security interest, a \$20.00 UCC fee will be deducted from loan amount when applicable.

PERSONAL LOAN APPLICATION

LOAN INFORMATION

REFINANCE **NEW**

Amount of loan request
 \$ _____

Applicant's enrollment number # _____

Please include a **\$25.00 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) Landlord Name & phone #:	Monthly payment or rent:	How long?	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Phone:	Employer E-mail or FAX number		
City:	State:	ZIP Code:	
Previous employer if current employer is less than one year:			
Address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
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 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:	
SPOUSE EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Employer Phone:	Employer E-mail:	Fax:	
City:	State:	ZIP Code:	

Previous employer if employed less than 1yr.			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
CREDIT CARDS			
Name			Monthly payment
MORTGAGE COMPANY			
Mortgage amount:	Phone:		
Rent amount:	Phone:		
OTHER PAYMENTS		MONTHLY PAYMENT	
Car payment			
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description		Amount	
OTHER SOURCES OF INCOME			
Description	Amount per month		

Please fill out to have your loan automatically deposited into your checking account when approved.

Stockbridge-Munsee Community
Office of Accounting Services
Account Payables

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Customer Name

First

Last

MI

Address

City

State

Zip Code

E-Mail Address (for electronic pay stub):

I hereby authorize Stockbridge-Munsee Community (SMC) and my bank to automatically make deposits into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Complete for DIRECT DEPOSIT

Bank Account

Checking

Savings

Circle Type of Account

It's safe and secure.

* Account Number

* No more lost or misplaced checks.

Bank Name

* Your check's automatically deposited into your account

Bank Routing #

* It eliminates a trip to the bank.

** For account verification, you must attach a voided check.

* If your bank account number has changed, you must provide a voided check or bank specification sheet.

**Banks are very strict with their routing number to avoid any issues, please attached requested documentation. The processing of this form will take at least *two pay periods*.

Signature

Date

FOR ACCOUNTING SERVICES USE ONLY

Processed by

Date

Return To: Attn: Amanda Stevens, Stockbridge-Munsee Community, PO Box 70, Bowler, WI 54416