



NAKODA-AANIHH CREDIT AGENCY

163 Food Farm Road
Harlem, MT 59526
(406)-353-8409 Voice

LOAN APPLICATION

Section A-Please Tell us What You Want to Borrow

I Am Applying For:		LOAN PURPOSE		AMOUNT REQUESTED	
<input type="checkbox"/> SEDURED	<input type="checkbox"/> AG Loan	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> WORKING CAPITAL	\$ _____	
<input type="checkbox"/> Credit Builder Loan	<input type="checkbox"/> Small Business Loan	<input type="checkbox"/> DEBT CONSOL.	<input type="checkbox"/> OTHER	YR _____ MAKE _____ Model _____	
Term _____ YEARS		SALE PRICE _____		SELLER _____	
		ID# _____			

Section B – Please Tell us About Yourself

Name:		Initial		Last Name		DOB:		SSN:	
Home Address (other than PO)		City			State		ZIP		
PO Box		City			State		Zip		
Home Phone		Own/Buy <input type="checkbox"/> Rent <input type="checkbox"/>		Mortgage/Rent Pynt \$ _____		Lien Holder/Landlord		Yrs./Months There YRS. MONTHS	
Name/Address of Previous Employer		Position/Occupation		Yrs/Months there Yrs _____ Months _____		GROSS SALARY \$ _____/Mo.			
Telephone									
Checking Account Yes <input type="checkbox"/> NO <input type="checkbox"/>		Bank		Savings Account Yes <input type="checkbox"/> No <input type="checkbox"/>		Cash on Hand \$ _____		Other Income: \$ _____	
Name and Address of Closest Relative not Living with you									

Section C – Please Tell us About Your Co-Applicant

Name:		Initial	Last Name		DOB:	SSN:	
Home Address (other than PO)		City		State		Zip	
PO Box		City		State		Zip	
Home Phone		<input type="checkbox"/> Rent <input type="checkbox"/> Own/Buying		Mortgage/Rent Payment		Lien Holder/Landlord	Yrs/Mo. There
Name/Address of Previous Employer		Position/Occupation		Yrs/Months there		GROSS SALARY	
						\$ _____	
		Employer Telephone:		Yrs Months			
Checking Account Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank		Savings Account Yes <input type="checkbox"/> No <input type="checkbox"/>		Cash on Hand:	Other Income:	
					\$ _____	\$ _____	

USES OF LOAN FUNDS	AMOUNT
Land and Building Acquisitions 20% Down Payment	\$
Site Improvement	
Machinery and Equipment	
Furniture & Fixtures	
Inventory	
Working Capital	
Other:	
Other:	

SOURCES OF FUNDS				
	Loan Amount	Term (Years)	Interest Rate	Monthly Payment
NACA Credit Agency	\$			\$
Bank:	\$			\$
Other:	\$			\$
Equity Injection:	\$			\$
DESCRIPTION OF COLLATERAL				
Detailed Description (Include Year, Make, Model, VIN, or Serial Numbers)				Value
Land and Building				
Machinery and Equipment				
Furniture and Fixtures				
Inventory				
Accounts Receivable				
Other				
Other				
Other				
<p>I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I (we) hereby grant Nakoda-Aaniiih Credit Agency access to all necessary information concerning my (our) income, employment, bank deposits, bank balances, and other sources of financial information. In addition, I (we) give my (our) permission for the above information to be presented to the loan committee for review as part of my (our) project, all of which will be held in confidentiality.</p>				
<p>_____</p> <p>Applicant Signature</p>		<p>_____</p> <p>Co-Applicant Signature</p>		<p>_____</p> <p>Co-Applicant Signature</p>
<p>Applicant</p> <p>Race: _____</p> <p>_____ Black or African American</p> <p>_____ American Indian or Alaska Native: Enrollment # _____</p> <p>_____ Tribal Affiliation _____</p> <p>_____ Asian</p> <p>_____ Native Hawaiian or other Pacific Islander</p> <p>_____ White</p>		<p>Applicant</p> <p>Race: _____</p> <p>_____ Black or African American</p> <p>_____ American Indian or Alaska Native: Enrollment # _____</p> <p>_____ Tribal Affiliation _____</p> <p>_____ Asian</p> <p>_____ Native Hawaiian or other Pacific Islander</p> <p>_____ White</p>		

Entity Type <div style="display: flex; flex-wrap: wrap; padding: 10px;"> <div style="width: 33%;"><input type="checkbox"/> Cooperative</div> <div style="width: 33%;"><input type="checkbox"/> S Corp</div> <div style="width: 33%;"><input type="checkbox"/> LLC</div> <div style="width: 33%;"><input type="checkbox"/> Joint Operation (Including Married Filing together)</div> <div style="width: 33%;"><input type="checkbox"/> Formal Partnership</div> <div style="width: 33%;"><input type="checkbox"/> C Corp</div> <div style="width: 33%;"><input type="checkbox"/> S Corp.</div> <div style="width: 33%;"><input type="checkbox"/> OTHER (Specify) _____</div> </div>		
State of Registration	Registration Number	
Home Address (other than PO)	State	
Tax Identification Number (9 Digit Number)	Exact Full Legal Name of Primary Entity Contact	
Does Entity Contain Embedded Entity? <input type="checkbox"/> YES, (Specify) _____ _____ _____ _____ <input type="checkbox"/> NO (Proceed)	List all Embedded Entities	
Percentage of Interest %	Number of Entity Members	
GENERAL INFORMATION		
Counties Being Farmed	Acres Owned	Acres Rented
Purpose of Loan	Amount Requested	
Describe your existing or planned operation, including a description of you existing or planned production		
If not provided previously, describe fully all your farm training (include any applicable education such as animal husbandry, record keeping, financial analysis, crop production, extension seminars, workshops, internships, or mentorships) and experience (include all present and past types of operations, duties and responsibilities). Include # of years farming, if you have ever operated farm. If you had any involvement with any ag-related organization (4H, FFA, Grange org, or an established community farm initiative), please include details on how this experience will contribute to your operation. If you are working with a mentor, provide their full name, and describe how this working relationship provides the skills and knowledge you need to be successful in your farm/ranch cooperation. If you need additional space please attach.		

FINANCIAL STATEMENTS FOR INDIVIDUAL OR ENTITY APPLICANT

PROJECTED ANNUAL INCOME AND EXPENSES

1. INCOME

A. DESCRIPTION (Include income from crops and livestock)	B. \$ Amount
Crops(s):	
Livestock:	
2. Total Annual Farm Income	

3. EXPENSES

A. Description	B. \$ Amount
4. Total Annual Farm Expenses	
5. Net Farm Income (Income-Exp)	
6. Total Annual Non-Farm Income	
7. Total Annual Family Living Expenses	
8. Net Non-Farm Income (Subtract 7 from 6)	
9. Net Total Annual Income (Add 5 to 8)	

ASSETS AND DEBTS (Farm and Non-Farm) as of:

10. ASSETS:		12. DEBTS:		
A. DESCRIPTION	B. \$ VALUE	A. CREDITOR	B. \$ PAYMENT	C. \$ BALANCE
11. TOTAL ASSETS:		13. TOTAL DEBTS:		
14. Total Assets from Item 11:		15. Total Debts from Item 13:		
16. Net Worth (subtract 15 from 14):				

This Section of the application asks questions about your assets. **Assets** include anything that you own or that you are entitled to. Examples of assets include cash, investments, loans you made to another individual, personal property, vehicles, and real estate.

DATE:

CASH ON HAND AND IN BANKS INFORMATION

NO.	BANK		ACCOUNT OWNER	ACCOUNT NUMBER	BALANCE
	NAME	ADDRESS			
1					
2					
3					
4					
TOTAL					\$

SAVINGS ACCOUNT INFORMATION

NO.	BANK		ACCOUNT OWNER	ACCOUNT NUMBER	BALANCE
	NAME	ADDRESS			
1					
2					
3					
TOTAL					\$

Stocks, Bonds and Retirement Information

NO.	NAME OF SECURITIES	NUMBER OF SHARES	ORIGINAL COST	MARKET VALUE QUOTATION	DATE OF QUOTATION/EXCHANGE	TOTAL VALUE
1						
2						
TOTAL						

REAL ESTATE INFORMATION			
TYPE OF PROPERTY	Property A	Property B	Property C
NAME & ADDRESS OF TITLE HOLDER			
DATE PURCHASED			
PRESENT MARKET VALUE			
NAME AND ADDRESS OF MORTGAGE HOLDER			
MORTGAGE ACCOUNT NUMBER			
INT. RATE/ MORTGAGE BALANCE			
AMOUNT OF PAYMENT PER MONTH/YEAR			
STATE OF MORTGAGE			

Vehicle Information								
Vehicle					Title No.	Vin No.	MARKET VALUE	LIEN? (YES/NO)
No.	YEAR	MAKE	MODEL	TYPE				
1							\$	
2							\$	
3							\$	
4							\$	
TOTAL								

LIFE INSURANCE INFORMATION						
NO.	INSURANCE COMPANY	POLICY NUMBER	NAME OF INSURED	VALUE		LOAN ON POLICY
				FACE	CASH SURRENDER	
1						
2						
		TOTAL				

OTHER PERSONAL PROPERTY		
NO.	DESCRIBE, AND IF ANY IS PLEDGED AS SECURITY, STATE NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LIEN, TERMS OF PAYMENT AND IF DELINQUENT	OTHER PERSONAL PROPERTY VALUE
1		
2		
	TOTAL	
OTHER ASSETS		
NO.	DESCRIBE, AND IF ANY IS PLEDGED AS SECURITY, STATE NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LIEN, TERMS OF PAYMENT AND IF DELINQUENT	OTHER ASSETS VALUE
1		
2		
3		
4		
	TOTAL	
NO. ACCOUNTS & NOTES RECEIVABLE AMOUNT		
1		
2		
3		
TOTAL		

NOTES PAYABLE INFORMATION						
	Name & Address of Noteholder(s)	Balance		Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral
		Original	Current			
1.)						
2.)						
3.)						
4.)						
5.)						
	TOTAL					

Vehicle Lien Information								
Vehicle NO.	VEHICLE		CREDITOR NAME	INTEREST RATE	BALANCE		PAYMENT AMOUNT	FREQUENCY (monthly, etc.)
	YEAR	MAKE			ORIGINAL	CURRENT		
1.)								
6.)								
7.)								
			TOTAL					

Credit Card Information						
NO.	Credit Card Company	INTEREST RATE	ACCOUNT NUMBER	CREDIT LIMIT	BALANCE	PAYMENT AMOUNT
1)						
2)						
3)						
	TOTAL				\$	\$

UNPAID TAXES		
NO.	DESCRIBE IN DETAIL, AS TO TYPE, Who's PAYABLE, WHEN DUE, AND TO WHAT PROPERTY, IF ANY, A TAX LIEN ATTACHES	AMOUNT
1)		
2)		
3)		
TOTAL		
OTHER LIABILITIES		
NO.	(DESCRIBE IN DETAIL)	AMOUNT
1)		
2)		
3)		
	TOTAL	
ACCOUNTS PAYABLE		
NO.	(DESCRIBE IN DETAIL)	AMOUNT
1)		
2)		
3)		
	TOTAL	

MONTHLY HOUSEHOLD INCOME AND EXPENSE

INCOME

Monthly Income

Salary		_____
Retirement (Specify Type)	_____	_____
Public Assistance		_____
Rental Income		_____
Interest Income		_____
Child Support		_____
Alimony Received		_____
Other (Please Specify)	_____	_____

TOTAL MONTHLY INCOME:

\$ -

EXPENSES:

Monthly Payment

Child/Spousal Support

Utilities:

Power

Phone

Cable

Satellite

Internet

Water

Living Expenses:

Food, Personal Care, Clothing, Entertainment, Gifts, Etc.

Vehicle Expenses:

Licenses (_____) Per Year

Gas

Upkeep/Servicing

Child Care

Medical, Dental & Hospital

Insurance Premiums:

Medical

Life

Vehicle Expenses: (\$ _____ Per _____)

Home (\$ _____ Per _____)

Property Taxes (\$ _____ Per Year)

Expenses:**Bills Due: (monthly Installments) - Attach additional Sheets as Necessary****Monthly Income****Credit Cards**

_____	\$ -
_____	\$ -
_____	\$ -
_____	\$ -

Car Payments

_____	\$ -
_____	\$ -
_____	\$ -

Personal Loans (Please List each Loan Separately Including name, Address, Phone#, and Account Number)

_____	\$ -
_____	\$ -
_____	\$ -

Other Monthly Pymt (Please List each Loan Separately Including name, Address, Phone#, Account Number)

_____	\$ -
_____	\$ -
_____	\$ -

Housing Rental Payment (include Landlord's Name, Address and Telephone)

_____	\$ -

Mortgages: Include Taxes and Insurance

_____	\$ -
_____	\$ -
_____	\$ -

TOTAL EXPENSES:

\$ -

TOTAL SAVINGS:

\$ -

I (We) certify that the information stated in this personal income and expense statement includes all monthly obligations and is true and correct to the best of my (our) knowledge.

Signature_____
Date_____
Signature_____
Date

PERSONAL FINANCIAL STATEMENT

As of _____

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

City, State, Zip: _____ Email: _____

Business Name of Applicant/Borrower: _____

ASSETS	LIABILITIES
Cash on hand & in Banks _____	Accounts Payable _____
Savings Account _____	Notes Payable to Banks and Others _____
Accounts & Notes Receivable _____	Monthly Payment \$ _____ -
Life Insurance-Cash Surrender Value _____	Credit Cards _____
Stocks and Bonds/Retirement _____	Monthly Payment \$ _____ -
Real Estate _____	Vehicle Loan _____
Automobile-Present Value _____	Monthly Payment \$ _____ -
Other Personal Property _____	Mortgages on Real Estate _____
Other Assets _____	Monthly Payment \$ _____ -
	Loan on Life Insurance _____
	Unpaid Taxes _____
	Other Liabilities _____
	Total Liabilities _____
	Net Worth _____
	(Total Assets-Total Liabilities) _____
TOTAL _____	TOTAL _____

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statement may result in forfeiture of benefits.

Signature	Date:	Social Security Number
Signature	Date:	Social Security Number