



HOOPA DEVELOPMENT FUND

An Entity of the Hoopa Valley Tribe

P.O. BOX 1307

HOOPA, CA 95546

Phone: (530) 625-5565 • Fax: (530) 625-5181

www.hoopadevelopmentfund.com



FULL DISCLOSURE STATEMENT:

When you request a loan from Hoopa Development Fund, please be aware that there is a possibility that you will not be eligible for the amount you are requesting, or you may be ineligible for a loan without a qualified local co-signer. This will be determined by evaluating your income source, your credit report, and your history with Hoopa Development Fund.

If your last account with Hoopa Development Fund had a delinquency, you have been automatically placed in a 1-year minimum penalty period. The penalty period begins from the date you pay off your loan. You are ineligible to apply until your penalty period is over.

CHECKLIST FOR SHORT TERM APPLICATION

Submitting Your Application – You must provide the following items in order for your loan application to be processed and taken to the meeting:

- ☐ **\$15.00 Application Fee** – Your application will not be processed and submitted for approval until you have paid the fee. This fee is used to pay for your credit report and the processing of your application.
- ☐ **Proof of Income** – All applicants must submit proof of income verification. (Current Check Stub, Bank Statement, SSI Statement, Unemployment Stub, etc.)
- ☐ **Signed Application** – Please be sure that you've filled everything out to the best of your abilities and have signed the application.

If this is your first loan with HDF, you'll need to submit your Tribal ID

Loan Approval Requirements – If your loan is approved, there are additional requirements to close your loan. These requirements include:

- ☐ **\$25.00 Loan Fee** – Your loan check will not be given until this fee is paid. This fee is used to pay for the processing of your loan.
- ☐ **Stipulations** – The Hoopa Development Fund Committee may place additional requirements on your approval such as obtaining a qualified, local co-signer or obtaining credit counseling. You will not be given your loan check until all of these stipulations are agreed to and met.
- ☐ **Signed Loan Documents** – Your loan documents must be signed before we release your loan check. A Hoopa Development Fund employee must witness you sign your loan documents, or your loan documents will need to be notarized.

If you need assistance completing this application, please contact our office and we will be happy to assist you.



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OFFICE USE ONLY

APPLICATION FEE RECEIPT #:

SHORT TERM LOAN APPLICATION

IMPORTANT: PLEASE READ DIRECTIONS BEFORE COMPLETING THIS APPLICATION. The Short Term Loan Program is for loans ranging from \$300.00 to \$2,000.00. An application fee must be paid and all required documents submitted before we can process your application. Please print or type your answers. Provide all information requested. If you need more space to answer any questions or wish to elaborate, provide this information on a supplemental sheet of paper. Hoopa Development Fund is relying on the information provided. Incomplete answers or misrepresentation of information will jeopardize our ability to receive a loan, or may be grounds for defaulting you on a loan should you receive it. All applicants must complete the application to the best of their knowledge. Required documents include income verification such as a current check stub, bank statement, SSI statement, etc.

AMOUNT, PAYMENT SCHEDULE & PURPOSE

Requested Loan Amount: \$ _____ ☐ New Loan ☐ Refinance Current Loan
Payment Schedule Plan: ☐ Monthly ☐ Semi-Monthly **Payment Method:** ☐ Payroll Deduction ☐ Bank Transfer ☐ Personal Payment
Reason for Loan Request: _____
(DO NOT LEAVE BLANK)

APPLICANT DATA

Applicant Name: _____ **Social Security No.:** _____ **Birth Date:** _____ **Age:** _____
Hoopa Valley Tribal Roll No.: _____ **Mother's Maiden Name:** _____ **Number of Dependents:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ ☐ Own Home ☐ Rent Home
Primary Phone: _____ ☐ Home ☐ Cell **E-mail:** _____

Co-Applicant Name: _____ **Social Security No.:** _____ **Birth Date:** _____ **Age:** _____
Tribe: _____ **Roll No.:** _____ **Mother's Maiden Name:** _____ **Number of Dependents:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ ☐ Own Home ☐ Rent Home
Primary Phone: _____ ☐ Home ☐ Cell **E-mail:** _____

INCOME DATA

FULL DISCLOSURE: Some income sources are riskier to loan to than others. If the Hoopa Development Fund Committee determines that your income source is too risky, you may need a co-signer or you may be determined ineligible due to not meeting credit criteria.

Applicant Income Source(s): ☐ Employed ☐ Self-Employed ☐ Unemployment Benefits ☐ Retirement Benefits ☐ Social Security
(PLEASE CHOOSE PRIMARY SOURCE) ☐ TANF ☐ Elder's Pay ☐ Other: _____

Income Source Name: _____
Income Source Address: _____ **City:** _____ **State:** _____ **Zip:** _____

EMPLOYED APPLICANTS' ONLY: (For the seasonally unemployed, please fill this section out based on your seasonal position)

Title: _____ **Start Date/Year:** _____ **Hours/week:** _____ **Pay by:** ☐ Hour ☐ Salary

Please check all that apply: ☐ Permanent ☐ Probationary ☐ Temporary ☐ Seasonal ☐ Full-Time ☐ Part-Time

If you've been employed for less than five years, please provide the name and address of your previous employer or state the reason you believe that you would not be a risk to give a loan to: _____

Co-applicant Income Source(s): ☐ Employed ☐ Self-Employed ☐ Unemployment Benefits ☐ Retirement Benefits ☐ Social Security
(PLEASE CHOOSE PRIMARY SOURCE) ☐ TANF ☐ Elder's Pay ☐ Other: _____

Income Source Name: _____
Income Source Address: _____ **City:** _____ **State:** _____ **Zip:** _____

EMPLOYED APPLICANTS' ONLY: (For the seasonally unemployed, please fill this section out based on your seasonal position)

Title: _____ **Start Date/Year:** _____ **Hours/ week:** _____ **Pay by:** ☐ Hour ☐ Salary

Please check all that apply: ☐ Permanent ☐ Probationary ☐ Temporary ☐ Seasonal ☐ Full-Time ☐ Part-Time

If you've been employed for less than five years, please provide the name and address of your previous employer or state the reason you believe that you would not be a risk to give a loan to: _____

APPLICANT INCOME BREAKDOWN				CO-APPLICANT INCOME BREAKDOWN			
(PICK ONE COLUMN)	<i>Hourly</i>	<i>Monthly</i>	<i>Yearly</i>	(PICK ONE COLUMN)	<i>Hourly</i>	<i>Monthly</i>	<i>Yearly</i>
Salary:	\$ _____	\$ _____	\$ _____	Salary:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____	Other:	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	TOTAL:	\$ _____	\$ _____	\$ _____
Is your income likely to decline within the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO				Is your income likely to decline within the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO			

WHAT YOU OWN				
What You Own	Property Description/Company that financed property	Market Value	OWNED BY	
			APPLICANT	CO-APPLICANT
Home				
Land				
Cash				
Auto #1				
Auto # 2				

WHAT YOU OWE					
What you Owe	Name of Creditor	Present Balance	Monthly Payment	OWED BY	
				APPLICANT	CO-APPLICANT
TOTAL:					

LIVING EXPENSES				REFERENCES	
Description	Cost	PAID BY		Please List two (2) references to attest to your ability to pay: Name: _____ Relationship: _____ Phone Number: _____ Name: _____ Relationship: _____ Phone Number: _____	
		APPLICANT	CO-APPLICANT		
Food	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Utilities	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Rent/Mortgage	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Auto Insurance	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>		
TOTAL:	_____				

SIX QUESTIONNAIRE CHECKLIST				
Check the box that best answers the question. If you answer YES to any of the questions, please provide detail on a separate sheet of paper.	APPLICANT YES	NO	CO-APPLICANT YES	NO
Has anybody ever foreclosed or repossessed any of your property because you owed them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any unsatisfied judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been declared bankruptcy in the last 14 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a defendant in any suits or legal actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a partner or officer in any other financial venture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT: PLEASE READ	
The information contained in this application is provided for the purpose of obtaining or maintaining credit with Hoopa Development Fund. The undersigned understands that Hoopa Development Fund is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true correct until a written notice of change is given to Hoopa Development Fund by the undersigned. Hoopa Development Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein and determine my/our credit worthiness. Hoopa Development Fund is authorized to answer questions about its credit experience with me/us.	
SIGNATURE	
Applicant Signature: _____ Print Your Name: _____ Date: _____ SSN: _____	Co-applicant Signature: _____ Print Your Name: _____ Date: _____ SSN: _____