

Credit Builder Loans

In order to be eligible for a consumer loan, the borrower must reside in the state of North Dakota and be a member of a federally recognized tribe or spouse/partner must be a member of a federally recognized tribe.

Minimum Loan Amount \$1,000

Maximum Loan Amount \$3,000

Loan amounts are based on the available loan pool at the time.

Eligible Loan Purposes

- Debt consolidation

Required Loan Documentation

Please note the documentation that is required.

At the time of loan application submission, applicants must submit the following:

- **Loan Application.** ALL Applicants are required to fully complete and submit this form.
- **Authorized Release Form.** ALL Applicants are required to submit this form.
- **Housing Statement Form.** ONLY Homeless or At-Risk of Homeless Applicants are required to submit this form.
- **Unemployment Statement Form.** ONLY Unemployed Applicants required to submit this form.
- **Personal Balance Sheet Form.** ALL applicants required to submit this form.
- **Personal Profit and Loss Statement Form.** ALL applicants required to submit this form.
- **Proof of rental housing.** ALL applicants must provide the name and address of the landlord(s) for the past two years. If the applicant has not had two (2) years of rental housing, the applicant must provide a statement explaining the reason why and the housing situation over the past two (2) years.
- **Proof of employment.** ALL applicants must provide Check Stubs for the last three (3) months most recent pay periods.
- **Proof of all income.**

1. ALL applicants must provide Federal Income Tax Returns for the past two (2) years.
 2. ALL applicants must provide W-2 Forms for the past two (2) years.
 3. ALL applicants must provide Bank Statements for the past two (2) months.
- **Proof of debt.**
 1. ALL applicants must provide proof of Installment Loans (i.e. student loans, auto loans, mortgage loans, etc.)
 2. ALL applicants must provide proof of Revolving Charge Accounts (i.e. credit cards, home equity, lines of credit at a bank, etc.)
 - **If self-employed or paid by commission, must provide:**
 1. Previous two (2) years of Federal Income Tax Returns with schedules.
 2. Year-to-date Profit and Loss Statement and most recent Balance Sheet.
 3. Corporate Tax Returns and Schedules.
 - **If you have filed bankruptcy in the last seven years, please provide:**
 1. A copy of petition and discharge.
 2. A handwritten explanation of the reason for bankruptcy.
 3. Evidence of good credit since the bankruptcy.

Clients may be required to enroll into NADC's financial counseling services depending on the credit score. When a client pays off a loan, NADC reports the client's successful payoffs to the credit bureaus, therefore, contributing toward building and/or improving client credit. Successful payoffs may qualify clients for lines of credit for Native Artist businesses only.



Native American Development Center

NADC USE ONLY:	
DATE RECEIVED:	_____
PRODUCT:	_____
RATE:	_____

LOAN APPLICATION

*Application must be filled out in its entirety with required documentation in order to be considered for review. Incomplete applications and/or la documentation will not be reviewed. *Please provide additional paper to complete this application if necessary.

CONSUMER LOANS: <input type="checkbox"/> CREDIT BUILDER LOAN <input type="checkbox"/> EMERGENCY LOAN WHAT WILL THIS LOAN BE USED TO PAY FOR? _____ _____ _____ _____		BUSINESS LOANS: <input type="checkbox"/> START UP BUSINESS <input type="checkbox"/> EXPAND BUSINESS BUSINESS TYPE: (Artist, Restaurant, Construction, etc.) _____ BUSINESS NAME: _____ DATE ESTABLISHED: _____ TAX ID/EMPLOYER IDENTIFICATION NUMBER (EIN): _____ WEBSITE ADDRESS: _____			AMOUNT REQUESTED \$ _____ LOAN PURPOSE:	
LOAN APPLICANT FIRST NAME	INITIAL	LOAN APPLICANT LAST NAME	TRIBE	DOB	SS#	
CO-APPLICANT FIRST NAME (if applicable)	INITIAL	CO-APPLICANT LAST NAME	TRIBE	DOB	SS#	
HOME ADDRESS			<input type="checkbox"/> RENT <input type="checkbox"/> OWN		EMAIL ADDRESS	
HOME PHONE ()	CELL PHONE ()	MORTGAGER or RENT PAYMENT	MONTHLY \$	MORTGAGE LENDER/LANDLORD NAME _____ TEL: ()	TOTAL MORTGAGE LOAN AMOUNT: \$ _____ TOTAL # OF YEARS ON MORTGAGE LOAN: _____ YEARS REMAINININ ON LOAN: _____ LOAN BALANCE: \$ _____	
PREVIOUS ADDRESS (IF LESS THAN 2 YRS AT ABOVE ADDRESS)			YEARS MONTHS			
NAME & ADDRESS OF EMPLOYER		POSITION/OCCUPATION	YEARS MONTH		GROSS ANNUAL INCOME \$	
NOTE: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with the application for credit.					OTHER INCOME: \$	
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF LESS THAN 2 YRS AT CURRENT EMPLOYMENT)		POSITION/OCCUPATION			YEARS MONTHS	
CHECKING ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	BANK	ADDRESS			



Native American Development Center
209 North 24th Street, Suite A Bismarck, North Dakota 58501
Tel: (701) 595-5181, dial 4 | www.ndnativecenter.org | info@ndnadc.org

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a loan from the Native American Development Center's Community Loan Fund, I am required to furnish information for use in determining my loan performance and credit qualifications. The purpose of this authorization and release is for the loan application requirements. The release of the information requested is voluntary. However, failure to complete this release may result in an incomplete application.

I authorize release of any information related to my financial and business activities, property interests (real/personal), businesses, financial and debt history, and interactions with other financing entities.

I authorize Native American Development Center the ability to review and copying of all necessary documents.

I agree to indemnify Native American Development Center and hold harmless any person to whom this request is lawfully presented.

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Applicant's Signature: _____ Date: _____



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PERSONAL BALANCE SHEET

Applicant's Name: _____

Today's Date: _____

PERSONAL BALANCE SHEET						
PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR PERSONAL FINANCES.						
ASSETS						
LIQUID ASSETS						
Cash					\$	
Checking Account(s)					\$	
Savings Account(s)					\$	
INVESTMENT ASSETS						
Retirement Account(s) (e.g. – 401K, TSP, IRA)					\$	
Other Investments (please specify):					\$	
Other Investments (please specify):					\$	
PERSONAL ASSETS						
House (location):					\$	
Other Property or Land (location):					\$	
Vehicle(s) (make, model, year):					\$	
Other Assets (please specify):					\$	
Other Assets (please specify):					\$	
TOTAL ASSETS					\$	
DEBT (LIST EACH DEBT ACCOUNT SEPARATELY)						
TYPE	NAME OF CREDITOR	CURRENT BALANCE (TOTAL AMOUNT OWED)	PAYMENT FREQUENCY			MINIMUM PAYMENT
Mortgage Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Car Payment(s)/ Auto Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Student Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Credit Card(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Friend or Family Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$



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Medical Debt		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Tax Debt		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Payday Loan(s), Car Title Loan(s), or Similar Loan(s)		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
Collection Debt:		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month <input type="checkbox"/> Other (please specify): _____	\$
TOTAL DEBT		\$	TOTAL MONTHLY DEBT REPAYMENTS			\$
NET WORTH (TOTAL ASSETS MINUS TOTAL DEBT)		\$				



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PERSONAL PROFIT & LOSS STATEMENT

Applicant Name: _____

Today's Date: _____

ANNUAL HOUSEHOLD INCOME

"Household" includes anyone you share income and expenses with, including: 1) your financial dependents (for example, your dependent children); 2) anyone you depend on financially (for example, your parents); and 3) anyone you are financially interdependent with (for example, your spouse or partner). Your "household" may or may not be the same as the people you live with.

ANNUAL HOUSEHOLD INCOME (TOTAL INCOME FROM ALL INDIVIDUALS IN YOUR HOUSEHOLD. THIS INFORMATION MUST BE PROVIDED IN ORDER TO DETERMINE ELIGIBILITY FOR OUR PROGRAMS AND SERVICES. PLEASE PROVIDE ACCURATE FIGURES TO THE BEST OF YOUR ABILITY.); PLEASE INDICATE THE TYPES AND AMOUNTS OF ALL INCOME/BENEFITS/ASSISTANCE YOUR HOUSEHOLD RECEIVES.

EARNED INCOME	MONTHLY	QUARTERLY	ANNUAL
Wages	\$	\$	\$
Self-Employment (W9/1099 income and/or owner's	\$	\$	\$
Other Earned Income (such as from selling art or food from your own, childcare, eldercare, etc. that you earn income from but do not claim	\$	\$	\$
GOVERNMENT ASSISTANCE	MONTHLY	QUARTERLY	ANNUAL
Welfare/Temporary Assistance for Needy Families (TANF)	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Supplemental Nutrition Assistance Program (SNAP, food stamps, EBT)	\$	\$	\$
Medicaid	\$	\$	\$
SOCIAL SECURITY BENEFITS	MONTHLY	QUARTERLY	ANNUAL
Retirement Benefits (personally, survivor, and/or dependents)	\$	\$	\$
Disability Benefits (personally, survivor, and/or dependents)	\$	\$	\$
Supplemental Security Income	\$	\$	\$
Medicare Benefits	\$	\$	\$
OTHER INCOME	MONTHLY	QUARTERLY	ANNUAL
Alimony	\$	\$	\$
Child Support	\$	\$	\$
General Assistance (GA)	\$	\$	\$
Interest	\$	\$	\$
Low Income Home Energy Assistance Program (LIHEAP)	\$	\$	\$
Per Capita Payments	\$	\$	\$
Non-Social Security Retirement Payments (401K, pensions, IRA, etc.)	\$	\$	\$
Non-Social Security Disability Benefits	\$	\$	\$
Tribal Programs	\$	\$	\$
Veterans Assistance	\$	\$	\$
Women, Infants, and Children (WIC) Food and Nutrition Services	\$	\$	\$
Worker's Compensation	\$	\$	\$
Other (please specify):	\$	\$	\$

SUMMED ANNUAL HOUSEHOLD INCOME (CALCULATE FROM FIGURES IN ANNUAL COLUMN ABOVE):

+	+	+	=
Earned Income	Government Assistance	Social Security Benefits	Other Income
			Annual Household Income



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ANNUAL HOUSEHOLD EXPENSES

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ANNUAL HOUSEHOLD EXPENSES (TOTAL EXPENSES FOR ALL INDIVIDUALS IN YOUR HOUSEHOLD. THIS INFORMATION MUST BE PROVIDED IN ORDER TO COMPLETE THE APPLICATIONS FOR OUR PROGRAMS AND SERVICES. PLEASE PROVIDE ACCURATE FIGURES TO THE BEST OF YOUR ABILITY.); PLEASE INDICATE THE TYPES AND AMOUNTS OF ALL EXPENSES YOUR HOUSEHOLD HAS.

HOME EXPENSES	MONTHLY	QUARTERLY	ANNUAL
Mortgage (including taxes)/Rent	\$	\$	\$
Home/Renters Insurance	\$	\$	\$
Electric	\$	\$	\$
Water/Sewer	\$	\$	\$
Gas/Propane/Other Source of Heat	\$	\$	\$
Garbage/Trash	\$	\$	\$
Internet	\$	\$	\$
TV	\$	\$	\$
Phone (landline and cell)	\$	\$	\$
BASIC LIVING EXPENSES	MONTHLY	QUARTERLY	ANNUAL
Groceries	\$	\$	\$
Clothing	\$	\$	\$
Medical/Dental Bills/Medications	\$	\$	\$
Health Insurance	\$	\$	\$
Childcare	\$	\$	\$
OTHER LIVING EXPENSES	MONTHLY	QUARTERLY	ANNUAL
Dining/Restaurants/Eating Out	\$	\$	\$
Travel	\$	\$	\$
Personal Care ¹	\$	\$	\$
Charity/Gifts	\$	\$	\$
Entertainment	\$	\$	\$
Pets	\$	\$	\$
Home Improvements	\$	\$	\$
DEBT PAYMENTS	MONTHLY	QUARTERLY	ANNUAL
Credit Card Payment(s)	\$	\$	\$
Personal/Education Loan Payment(s)	\$	\$	\$
Tax Debt Payment(s)	\$	\$	\$
VEHICLE/TRANSPORTATION EXPENSES	MONTHLY	QUARTERLY	ANNUAL
Car Payments	\$	\$	\$
Car Insurance	\$	\$	\$
Licensing/Tax Fees	\$	\$	\$
Car Repairs/Maintenance	\$	\$	\$
Gas	\$	\$	\$
Public Transportation (bus, taxi, uber/lyft, train, etc.)	\$	\$	\$

¹ Personal care includes products/services for hair, oral hygiene, shaving needs, cosmetics and bath, electric personal care appliances, and other similar personal care products/services.



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MISCELLANEOUS EXPENSES	MONTHLY	QUARTERLY	ANNUAL					
Alimony/Child Support	\$	\$	\$					
Life Insurance	\$	\$	\$					
Disability Premiums	\$	\$	\$					
Retirement Contribution	\$	\$	\$					
OTHER EXPENSES	MONTHLY	QUARTERLY	ANNUAL					
Other (please specify):	\$	\$	\$					
Other (please specify):	\$	\$	\$					
SUMMED ANNUAL HOUSEHOLD EXPENSES (CALCULATE FROM FIGURES IN ANNUAL COLUMN ABOVE):								
+	+	+	+	+	+	+	+	=
Home Expenses	Basic Living	Other Living	Debt	Vehicle / Transport	Miscellaneous	Other	Annual Household Expenses	

NATIVE COMMUNITY LOAN FUND
HOUSING STATEMENT

(For Homeless or At-Risk of Homeless Applicants)

Name: Date:

Homeless Applicants Only Section:

If your loan request is to pay for security deposit and/or first months' rent.

How much are you requesting to pay for:

Security Deposit: First Months' Rent:

What is the reason you are not currently renting your own place?

How long have you been homeless, (i.e., the last time you lived in your own rental unit or owned home)?

- 0 – 7 days
- 8 – 14 days
- 15 – 30 days

- Over 1 month
- Over 3 months
- Over 6 months
- Over: 1 year

What is your current housing situation (i.e., where do you stay, who do you currently live with (family, friends, roommate, etc.)?)

What date do you anticipate you will be renting your own place?

Other comments:

At-Risk of Homeless Applicants Only Section:

If you are requesting a portion of this loan to use to pay for past due rent to prevent eviction.

How much are requesting to pay for past due rent?

Are you being evicted for not paying your rent?

- Yes
- No

How much do you owe for past due rent?

What is your eviction date?

What date were you given the eviction notice?

If checked yes, what was your circumstance for not paying rent?

What is your current living situation during this time (who or where do you stay or live with)?