

Stockbridge – Munsee Community
BAND OF MOHICAN INDIANS
Mohican Loan Department



N8705 Moh He Con Nuck Road P.O. Box 70 Bowler, WI 54416
(715)793-4861 Fax (715)793-4883

HOME LOAN PROGRAM APPLICATION (\$25 fee)

TYPE OF LOAN REQUESTED:

DATE OF APPLICATION _____

- _____ PURCHASE
- _____ CONSTRUCTION
- _____ HOME IMPROVEMENT
- _____ REFINANCE

AMOUNT REQUESTED: \$ _____

Purpose of Loan _____

Property Address _____

Is this property located within the exterior boundaries of 1856 Reservation? ____ Yes ____ No

If no what county is the property located in? _____

Is it Fee Land or Tribal Trust Land (please circle appropriate one)

Will this be your Principal Residence? ____ Yes ____ No

****If applying to purchase a home you must submit with this application an offer to purchase***

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APPLICANT INFORMATION

Enrollment # _____

Marital Status: ____ Married ____ Legally Separated ____ Unmarried ____

Name _____

Address _____

Home Phone # _____

Social Security # _____

Date of Birth _____

Current MORTGAGE HOLDER _____ Monthly Payment\$ _____
Phone number _____
LANDLORD NAME _____
Phone Number _____ Monthly Payment\$ _____

EMPLOYMENT INFORMATION

Applicant

Employer _____ Dates Employed _____
Phone Number _____ Fax Number _____

If employed less than 1 year please fill out the following information

Employer _____ Date Began _____ Date Ended _____
Phone Number _____ Fax Number _____

Are you on Social Security or Disability? YES NO
If yes, please provide your most current statement

Do you receive a Pension? YES NO
If yes, please provide your most current statement

DEBTS	Applicant Monthly Payment
Alimony or Maintenance	\$
Child Support	\$
Payments on other Tribal Loans	\$

*Any accounts in arrears with the tribe? YES NO
 -Education -LP -Health Center Loan Department -Other _____
(If in arrears please circle the one that pertains)

JOINT APPLICANT (for married applicants only)

Name _____
Address _____
Phone number _____
Social Security number _____ Date of birth _____
Employer _____ Dates Employed _____
Phone Number _____ Fax Number _____

If employed less than 1 year please fill out the following information

Employer _____ Date Began _____ Date Ended _____
Phone Number _____ Fax Number _____

Are you on Social Security or Disability YES NO
If yes, please provide your most current statement

Do you receive a Pension? YES NO
If yes, please provide your most current statement

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Do you currently have homeowners or renters insurance? YES NO

Insurance Company _____

Agent or Agency _____

Agent or Agency Phone # _____

Monthly Payment\$ _____

***If do not have insurance, a quote of insurance will need to submitted with your application**

MONTHLY EXPENSES

Car Payment \$ _____ Car Insurance yearly premium\$ _____

Any other payments \$ _____

***If you obtaining the loan in relation to a home that is located on FEE LAND owned by an individual what is the cost of the PROPERTY TAXES? \$ _____**

OTHER INFORMATION

Have you filed Bankruptcy in the past 5 years? YES NO

Have you filed Bankruptcy with the tribe and still have a balance due? YES NO

Are you a party to a lawsuit? YES NO

Are you a co-maker or endorser on a note? YES NO

Please list any outstanding judgments you may have:

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 needed to process my loan application. I agree to the provisions of any tribal law, policies 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 the credit transaction to my spouse.

Applicant's Signature	Date	Spouse's Signature	Date
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Applicant Print Name	Date	Spouse Print Name	Date
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Applicant's Address

Date of Birth	Spouse Date of Birth
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Social Security #	Spouse Social Security #
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