MOHICAN 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:	Employe	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:					
		through Bankruptcy? 🗆 yes 🗆 no			
		r declared bankruptcy in the last 2 years			
Are you obligated to pay alimony, child support or separate maintenance income? yes no					
		SPOUSE INFORMATION			
Name:			den name:		
Date of birth:		SSN:	Phone:		
Current address:					
City:		State:	ZIP Code:		
	SPC	DUSE EMPLOYMENT INFORMATION			
Current employer:					
Employer address: How long?					
Phone:	Phone: E-mail:		Fax:		
City:		State:	ZIP Code:		
Previous employer if employed less than 1yr.					

Address:								
Phone:	E-mail:			Fax:				
City:	City:			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 mor	nth				

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 provided on this application as to my credit, employment history, Tribal enrollment and any other information needed to process my loan application. I agree to the provisions of any tribal law, polices 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 this credit transaction to my spouse.

Applicant's signature	Date	Spouse's signature	Date
Applicant Print Name	Date	Spouse Print Name	Date
Applicant's address		Spouse's address	
Date of Birth		Date of Birth	
Social Security #		Social Security #	