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| ***Please Return Original To:*****Relending Enterprise****P.O. Box 790****Peridot, AZ 85542** | *Phone: (928) 475-4404* |

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| **Applicant** |
| **Name:**  |  |
| **Maiden Name:** |  |
| **Mailing Address:** |  |
| **City, State, Zip:** |  |
| **Physical Address:**  |  |
| **Home Phone No.:**  |  |
| **Cell Phone No.:**  |  |
| **Email:** |  |
| **Date of Birth:**  |  |
| **Social Security No.:**  |  |
| **Driver License No.:**  **Tribal Enrollment No:** |  |
| **Marital Status:** | 🞎 Single | 🞎 Married ***(Provide Name)*** | 🞎 Other *(Explain)* |
| **Spouse’s Name:** |  |  |
| **Residence Status:** | 🞎 Own | 🞎 Rent | 🞎 Other *(Explain)* |
| **Are you a co-signer on any Relending loans?** |  |
| 🞎 Yes 🞎 No | If yes, for whom? |  |
| **Has applicant ever received a loan from Relending?** |
| 🞎 Yes 🞎 No | If received, provide month/year: |  |
|  |
| **Loan Application** |
| **I hereby apply for a loan from the Relending Enterprise in the amount of:** |  |
|  $ \_\_\_\_\_\_\_\_ |  |
| **I propose to repay the loan in: (loan term)** |  |
|  6 months 9 months 12 months 18 months |
| **To be used for:** |  |
|  |  |

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| **Employment and Income** |
| **Employer:**  |  |
| **Department:** |  |
| **Position:** |  |
| **Employer Address:**  |  |
| **Telephone No./Ext.:**  |  |  |  |
| **Date Employed:** |  |
| **Bi-weekly Gross *(before taxes)*:** $ |  |
| **Previous Employer: Date:** |  |
| **Spouse’s Employer:** |  |
| **Spouse’s bi-weekly Gross wages (*before taxes*):** $ |  |
| **Sources & Amount of Other Income:** |  |
| **DEBTS** |  |
| **Declarations of All Debts, Tribal and Other**1. **Mortgage/Rent:**
 |  |
|  **Payment: Terms:**  |  |
| 1. **Vehicle:**
 |  |
|  **Payments: Terms** |  |
| **3. Vehicle:** |  |
|  **Payments: Terms:** |  |
| 1. **Credit cards / Other:**
 |  |
|  **Payment: Terms:** |  |
| 1. **Credit cards / Other:**
 |  |
|  **Payment: Terms:** |  |
|  |  |

**I HEREBY AUTHORIZE the Relending Enterprise to check into my credit records with other government credit, financial institutions, and with my employer to verify employment and wages. I understand that the information herein is correct to the best of my knowledge and that any falsification of delinquent/defaulted Debt or missing information may be grounds for my loan to be denied.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

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| **Additional Information:** |
| The following information is being requested from you to assist us with our loan reporting. This information will not be used in evaluating your application or to discriminate against you in any way. |
| Are you a veteran? | Yes | No |
| Are you the head of household? | Yes  | No |
| Number of dependents: | Ages: |
| What county do you live in? | Graham Gila |
| Do you have a checking account? | Yes | No |
| Do you have a savings account? | Yes | No |
| Do you follow a monthly budget? | Yes | No |
| Would you attend a financial literacy class? | Yes | No |
| What types of learning opportunities are most appealing to you? (Please check all that apply) |  Attend a class one time Meet one-on- one Attend a class that has multiple meetings |
| Would you like to see the Relending Enterprise offer any additional loan products? (Please check all that apply) |  Mortage loan Educational loan Debt consolidation Vehicle loan Credit builder loans Other: |
| Thank you |

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| **Employment Verification and Financial Information** |
| I, the undersigned employee, have applied for a loan with the Relending Enterprise do hereby consent to the verification of my employment and financial information below by my employer. |
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| Signed: |  | Date: |  |

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***Do Not Fill Below – To be completed by Human Resources***

|  |  |  |
| --- | --- | --- |
| Employee Name: |  |  |
| Social Security No.: |  |  |
| Employer Name: |  |  |
| Date Hired: |  |  |
| Employment Status: |  |  |
|  | ***Please specify status, i.e., Permanent, Seasonal, Temporary / Full-time, Part-time / Furlough, LWOP, etc.*** |  |
| Hourly Wage/Salary: |  |  |
| How Often Paid: |  |  |
|  |
| Will Employer honor payroll deductions? | 🞎 Yes 🞎 No |  |
|  |
| Will Employer honor demand payroll deductions upon employee’s default as agreed to by their wage assignment? | 🞎 Yes 🞎 No |
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| Prepared by: (Print) |  | Sign: |  |
| Date: |  | Title: |  |

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| This form may be returned via employee, emailed to: htalkalai@scatcom.net, or sc.relending@scatcom.net , or mailed to the following address: |
|  |
| **Relending Enterprise****P.O. Box 790****Peridot, AZ 85542** |

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| ***Do Not Fill Below – To be completed by Relending Enterprise***🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃🞃 |
| Date: |  | Signed: |  |  |
|  | Relending Enterprise Staff Signature |  |
|  |