



## CUSTOMER INFORMATION FORM

Four Bands Community Fund would like to better understand how we could best serve your needs. The personal and financial information you provide on this form will be used to assess and support your progress while you are a customer of Four Bands. All information is voluntary, confidential, and helps us continue to receive support from various sources.

If you have questions about items on this form or are not sure if certain questions apply to you, a member of our staff can address your concerns when you meet in person.

Please return your completed Customer Information Form:

### BY EMAIL

[info@fourbands.org](mailto:info@fourbands.org)

### BY MAIL OR IN PERSON

101 S. Main Street  
Eagle Butte, SD 57625

### PRELIMINARY NEEDS ASSESSMENT

PLEASE CHECK ALL THAT APPLY.

- I need to consolidate my debt and/or pay off past due bills.
- I would like to improve my personal financial skills.
- I am interested in saving so that I can pursue higher education, start or expand a business, or purchase a home.
- I have a desire to start my own business and would like to learn more about how to do it.
- I would like individual assistance to become a successful business owner.
- I am interested in participating in workshops to improve my business skills.
- I am interested in internship opportunities. *(for high school students only)*  
Name of High School \_\_\_\_\_ Grade Level \_\_\_\_\_
- I need a loan in order to start or expand a business.
- I would like to receive notifications of upcoming events, resources, and business tips via email and mail.

101 S. Main Street, Box 932, Eagle Butte, SD 57625  
p: 605-964-3687 f: 605-964-3689 [www.fourbands.org](http://www.fourbands.org)

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### GENERAL INFORMATION

CLIENT NAME	DATE OF BIRTH
PHYSICAL ADDRESS	CITY, STATE, ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY, STATE, ZIP
PHONE NUMBER	CELL PHONE NUMBER
WORK PHONE NUMBER	EMAIL
WHAT IS THE BEST WAY TO REACH YOU?	

### ALTERNATE CONTACTS

PLEASE PROVIDE CONTACT INFORMATION FOR TWO PEOPLE WE CAN CALL IN CASE OF AN EMERGENCY OR IF YOU MOVE.	
<b>CONTACT #1</b>	<b>CONTACT #2</b>
NAME	NAME
RELATIONSHIP TO YOU	RELATIONSHIP TO YOU
PHONE NUMBER	PHONE NUMBER

### PERSONAL INFORMATION

TRIBAL MEMBERSHIP (IF APPLICABLE)	ENROLLMENT NUMBER (IF APPLICABLE)
<input type="checkbox"/> CRST <input type="checkbox"/> Other _____	
HAVE YOU EVER SERVED IN THE ARMED FORCES?	DO YOU CONSIDER YOURSELF A VETERAN?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIGHEST EDUCATION LEVEL COMPLETED	
<input type="checkbox"/> Elementary School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Vocational Program <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	
DO YOU HAVE A DISABILITY?	ARE YOU THE HEAD OF YOUR HOUSEHOLD?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU FILE TAXES EVERY YEAR?	DO YOU CURRENTLY HAVE A CHECKING ACCOUNT?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT STATUS (CHECK ALL THAT APPLY. PART-TIME IS DEFINED AS LESS THAN 35 HRS/WEEK; FULL-TIME IS DEFINED AS 35-40 HOURS/WEEK)	
<input type="checkbox"/> Employed, full-time <input type="checkbox"/> Employed, part-time	<input type="checkbox"/> Self-Employed, full-time <input type="checkbox"/> Self-Employed, part-time
<input type="checkbox"/> Attending School or Job Training <input type="checkbox"/> Currently Seeking Employment <input type="checkbox"/> Not Seeking Employment	

## HOUSEHOLD INFORMATION

**“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.**

PRIMARY LANGUAGE SPOKEN IN YOUR HOUSEHOLD		IF IT IS NOT ENGLISH, IS ENGLISH ALSO SPOKEN?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOES ANYONE IN YOUR HOUSEHOLD RECEIVE TANF?		DOES ANYONE IN YOUR HOUSEHOLD RECEIVE FOOD STAMPS (EBT)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HOUSEHOLD SIZE (NUMBER OF PEOPLE, INCLUDING CHILDREN, THAT SHARE INCOME AND EXPENSES IN YOUR HOUSEHOLD)			
_____	+	_____	= _____
Number of Adults Over 18 (including yourself)		Number of Children Under 18	Total Size of Household
ANNUAL HOUSEHOLD INCOME (TOTAL INCOME FROM <b>ALL INDIVIDUALS</b> IN YOUR HOUSEHOLD. THIS INFORMATION MUST BE PROVIDED IN ORDER TO DETERMINE ELIGIBILITY FOR FOUR BANDS' PROGRAMS. PLEASE PROVIDE ACCURATE FIGURES TO THE BEST OF YOUR ABILITY.)			
_____	+	_____	= \$ _____
Yearly Income Earned from Employment		Other Income (Government Assistance, Retirement, Child Support or Alimony)	Annual Household Income
<b>The following statements help assess your sense of well being—</b>			
I am satisfied with the physical condition of my home.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am satisfied with my support network and system.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I feel my children are safe in my community.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I feel that I am able to live to my full potential.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I'm satisfied with my relationship to local leaders.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a clear vision of what I want my family's future to look like.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Improving my family's standard of living in the future is important to me.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FEDERAL REPORTING

**The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.**

- I do not wish to furnish gender, ethnicity, and race information. Initials: \_\_\_\_\_
- I will furnish gender, ethnicity, and race information.

GENDER		ETHNICITY (CHECK ONLY ONE)	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
RACE (CHECK ONLY ONE)		IF MIXED RACE, PLEASE ADD RACE(S) FROM LIST TO THE LEFT.	
<input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian		
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian		
<input type="checkbox"/> African American	<input type="checkbox"/> Other _____		

## BACKGROUND INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO, OR BY FILLING IN THE BLANK.

<b>PERSONAL</b>	<b>YES</b>	<b>NO</b>
Do you know your credit score?	<input type="checkbox"/>	<input type="checkbox"/>
Would you rate your credit history as satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
Would you rate your ability to pay back the money you owe as satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a budget?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have savings set aside?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you save last year?     \$ _____		
Do you have a savings account at a bank?	<input type="checkbox"/>	<input type="checkbox"/>
<b>BUSINESS</b>	<b>YES</b>	<b>NO</b>
Do you currently own one or more businesses?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many businesses?     _____		
Are you interested in expanding an existing business?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in starting a new business?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you already have a business plan?	<input type="checkbox"/>	<input type="checkbox"/>

### Customer Certification

My signature below certifies that all information provided in this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

### Parent/Guardian Signature (for persons under 18)

My signature below certifies that I am the parent or guardian of the above minor, and I consent to his/her participation in Four Bands Community Fund's programs and services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Relationship to Minor

#### FOR OFFICE USE ONLY

Date Form Received: ____/____/____	Form Reviewed By: _____	TEA Data Entry Date: ____/____/____
HUD LMI: _____	HHS Level: _____	Credit Score at Entry (hard pull): _____
Personal Release Rec'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	Information Release Rec'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	Added to MailChimp List: <input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to Department/Division: <input type="checkbox"/> Asset Development	<input type="checkbox"/> Business Development	<input type="checkbox"/> Lending



## PERSONAL RELEASE FORM

I, the undersigned, hereby grant permission to Four Bands Community Fund, Inc., to Photograph/videotape me and to record my voice, speeches, performances, poses, acts, plays and appearances, and use my picture, photograph, silhouette and other reproductions of my physical likeness and sound as part of our marketing and PR programs, including websites and the unlimited distribution, advertising, promotion, exhibition and exploitation of said websites and marketing material by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exhibited and/or exploited.

I agree that I will not assert or maintain against you, your successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights or publicity or civil rights, or for any other reason in connection with your authorized use of my physical likeness and sound in the material as herein provided. I hereby release you, your successors, assigns and licensees, and each of them, from and against any and all claims, liability, demands, actions, cause of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall, or hereafter have by reason, matter, cause or thing arising out of your use as herein provided.

I affirm that I, nor anyone acting for me, gave or agreed to give anything of value to any of your employees or any representatives of any organization or entity for arranging my appearance in your material or on the websites.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Phone Number Email

**Parent/Guardian Signature (for persons under 18)**

My signature below certifies that I am the parent or guardian of the above minor and give my consent.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Full Name Relationship to Minor

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## AUTHORIZATION TO RELEASE INFORMATION

I have applied for assistance or obtained a loan from Four Bands Community Fund, Inc. (Four Bands). As part of the process, Four Bands may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to Four Bands for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

I further authorize Four Bands to order a consumer credit report and verify other credit information so that we can assess and support my asset building progress with Four Bands. I acknowledge that this credit report request will appear on my record and is done in this way to receive my credit score and full report.

I understand that under the Right to Financial Privacy Act of 1978, 12 USC 3401, et seq., Four Bands is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to Four Bands without further notice or authorization, but will not be disclosed or released by Four Bands to any other person or agency without my consent except as required or permitted by law.

The information Four Bands obtains is only to be used in the processing of my request for assistance.

A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**Parent/Guardian Signature (for persons under 18)**

My signature below certifies that I am the parent or guardian of the above minor and give my consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Relationship to Minor

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