



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.

PRELIMINARY NEEDS ASSESSMENT

PLEASE CHECK ALL THAT APPLY.

- I am interested in learning how to improve my credit.
- I am interested in matched savings.
- I need a loan to purchase a home.
- I need a loan for a business.
- I need a loan for home improvement.

101 S. Main Street, Box 932, Eagle Butte, SD 57625
p: 605-964-3687 f: 605-964-3689 www.fourbands.org

Four Bands Community Fund is an equal opportunity provider, employer, and lender.

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?	

PERSONAL INFORMATION

TRIBAL MEMBERSHIP (IF APPLICABLE)	ENROLLMENT NUMBER (IF APPLICABLE)	
<input type="checkbox"/> CRST <input type="checkbox"/> Other _____		
DO YOU CONSIDER YOURSELF A VETERAN?		
<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
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
HOW LONG HAVE YOU BEEN EMPLOYED?		
<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 7-12 Months	<input type="checkbox"/> 1 Year or more

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.

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 **ALL INDIVIDUALS** 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

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 <input type="checkbox"/> Female <input type="checkbox"/> Male	ETHNICITY (CHECK ONLY ONE) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE (CHECK ALL THAT APPLY) <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 _____	

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



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

Phone Number

Address

Date of Birth

City, State, Zip

Social Security Number

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

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