



CUSTOMER INFORMATION FORM

Four Bands Community Fund would like to better understand how we could best serve your needs. All information is voluntary, confidential, and helps us continue to receive support from various sources. However, if you leave a section blank, we may not be able to process your request. Incomplete information will require additional follow-up from our staff and may delay services.

Upon receipt of **complete** forms, a Four Bands representative will follow up with next steps for the program you wish to pursue. 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.

What do you need help with? Please check **one** box that best describes your most immediate need.

- I am interested in learning how to improve my credit.
- I need a loan for a business.
- I need a loan for home improvement.
- I need an agriculture loan.

412 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) <input type="checkbox"/> CRST <input type="checkbox"/> Other _____	ENROLLMENT NUMBER (IF APPLICABLE)	
HIGHEST EDUCATION LEVEL COMPLETED		
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Vocational Program	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Associate'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"/> Self-Employed, full-time	<input type="checkbox"/> Attending School or Job Training
<input type="checkbox"/> Employed, part-time	<input type="checkbox"/> Self-Employed, part-time	<input type="checkbox"/> Currently Seeking Employment
		<input type="checkbox"/> Not Seeking Employment
HOW LONG HAVE YOU BEEN EMPLOYED?	DO YOU CONSIDER YOURSELF A VETERAN?	
<input type="checkbox"/> 0-6 Months <input type="checkbox"/> 7-12 Months <input type="checkbox"/> 1 Year or More	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD INFORMATION		
<p>"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.</p>		
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

ACCESSING SERVICES

Please answer a few questions to help us deliver the best possible services to you.

WHAT TYPE OF INTERNET ACCESS DO YOU HAVE?

- Home WiFi Work WiFi Cell Phone None

HOW DO YOU ACCESS THE INTERNET?

- Phone Laptop Tablet Desktop Computer

WHAT IS YOUR PREFERRED LEARNING STYLE?

- In-Person Classroom In-Person One-on-One Virtual Self-Paced/On My Own

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 _____		

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