



Lakota Funds is a community development financial institution leading an economic resurgence of the Oglala Lakota Oyate on the Pine Ridge Reservation through culturally appropriate strategies reigniting the traditional Lakota spirit of productivity, commerce, and trade.

“Su Owojupi” Garden Loan / Grant Checklist

Applicant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home _____ Work _____ Cell _____

Email Address: _____

Date forms given to applicant: _____

Date received completed application: _____ Receipt No. _____

Date coach handed off to the loan officer: _____

- Loan amount up to \$1,000 with an equal matching grant amount up to \$1,000.
- Borrowers must be tribal members who are residence of the Pine Ridge Reservation.
 - Copy of Tribal ID
- Borrowers must be at least 18 years old
- \$25 application fee, due with completed application
- Credit When Credit is due completed
 - Date completed: _____
 - Copy of certificate

- Financial Literacy training completed
 - Date completed: _____
 - Copy of certificate
- 3 months bank statements, not required, but an asset to application.
- Interest rate: Determined by loan risk rating
- Maximum term of loan: 18 months
- Collateral, at least 50% of loan amount, not required, but an asset to application.
- Debt Service Coverage greater than or equal to 1.5:1
- Borrower's Disclosure include:
 - Agreement to meet with Lakota Funds Business Success Coach every other month, total of 9 visits.
- Verification of Income for the last 6 months:
 - Pay stubs
 - Tax returns
 - Benefits award letter
- Method of Loan Repayment
 - ACH – Bank Account Deduction Authorization
 - Payroll Deduction – Secondary Source of Repayment
- Promissory note
- Loan agreement
- Commitment letter
- Security agreement, if applicable
- Business License BFR Participant? Yes or No
 - Date Received: _____
 - Copy in File: _____



“Su Owojupi” Garden Loan / Grant

Applicant Information

Name: _____

Mailing Address: _____

Directions to Residence: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home _____ Work _____ Cell _____

Social Security #: _____ Date of Birth: ____/____/____

OST Enrollment #: _____ Email Address: _____

Name of Closest Relative Not Living with You: _____

Home Address: _____

Directions to Residence: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home _____ Work _____ Cell _____

Relationship: _____

Co-Applicant Information

Name: _____

Mailing Address: _____

Directions to Residence: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home _____ Work _____ Cell _____

Social Security #: _____ Date of Birth: ____/____/____

OST Enrollment #: _____ Email Address: _____

Name of Closest Relative Not Living with You: _____

Mailing Address: _____

Directions to Residence: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home _____ Work _____ Cell _____

Relationship: _____

How did you hear about Lakota Funds? _____

Have you completed Financial Literacy or Credit When Credit Is Due with Lakota Funds within the last six (6) months? ____ Yes ____ No

Are you able to provide a copy of your Certificate of Completion? ____ Yes ____ No

Credit Information

Have you ever filed for bankruptcy? ____ Yes ____ No Is it active? ____ Yes ____ No
If you presently have an active bankruptcy, you do not qualify for a loan under our program's guidelines. If you have successfully completed your bankruptcy plan, please provide us with your discharge papers. Thank You.

Are you slow paying in child support? ____ Yes ____ No Is it current? ____ Yes ____ No
If you currently show past due or slow pay in child support accounts you do not qualify for a loan under our program's guidelines. If you have a payment plan and are in compliance, please provide us with proof of payments. Thank you.

Are you slow paying in mortgage and / or vehicle accounts? ____ Yes ____ No
Can you prove that you are current? ____ Yes ____ No
If you are presently delinquent with mortgage and/or vehicle account you do not qualify for a loan under our program's guidelines. If you have proof that these accounts are current, please provide proof of payments. Thank you

Income Verification

Name and Source of Income	Address	Phone #	Gross Monthly Income

Collateral

Description	Value of Asset	Existing Loan	Location of Asset

Personal Financials

Monthly Income

Applicant Income _____

Co-Applicant Income _____

Self Employment _____

Other Source of Income _____

Total Monthly Income

Monthly Expenses

Rent / Mortgage _____

Utilities (Electricity, Propane, etc.) _____

Groceries _____

Clothing _____

Child Support / Alimony _____

Child Care _____

Education _____

Vehicle Payments _____

Insurance, Gasoline, Misc. _____

Credit Card Payments _____

Total Monthly Expenses

Debt-to-Income Ratio

Use of Proceeds

Description	Dollar Amount
Total Amount of Loan Request	

Signatures

Applicant Signature

Date

Co - Applicant Signature

Date

Business Success Coach Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

I have applied for or obtained a loan or grant from the Lakota Fund. As part of the process, The Lakota Fund 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 The Lakota Fund 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.

If the request is for a new loan or grant, I further authorize the Lakota Fund to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, Et seq., The Lakota Fund 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 The Lakota Fund, to another Government agency, department or used for another purpose without my consent except as required or permitted by law.

The information, The Lakota Fund 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.

Your prompt reply is appreciated.

Name (Please Print): _____

Address: _____

Social Security Number: _____ DOB: _____

Signature

Date