



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.

Thank you for choosing Lakota Funds for your business lending needs. Please complete the loan application included in this packet and provide the following:

- Copy of Tribal ID or Degree of Indian Blood
- Copy of Drivers License or Other ID
- Authorization To Release Information Form (see attachment)
- Personal Financial Statement (see attachment)
- Business Plan (Not required for all loans but an asset to application)
- 3 Year's Tax Returns (both individual and business)
- Year End Financials (Balance Sheet and Profit & Loss)
- Last Quarter Financials
- 3 Months Bank Statements (individual and business if applicable)
- Certificate of Business Class (Not required for all loans but an asset to app.)

If you have any questions or would like our assistance with any of these items please give us a call at 605-455-2500. We are happy to help.

Let us know if you would like to bring the items in so we can copy for you, or if you would like us to schedule a time to meet you at your place of business.

We look forward to working with you. Thanks again.

APPLICANT INFORMATION:

OST Enrollment #: _____
Applicant Name: _____ SS#: _____
Present Address: _____ #of yrs at this address _____
City/State/Zip: _____ County: _____
Telephone: _____ Fax: _____ Email: _____
Have you applied for a Tribal Business License? Yes or No License #: _____
Marital Status: _____ Spouse's Name: _____
Date of Birth: _____ Veteran: Yes or No Branch: _____

CO-APPLICANT INFORMATION:

OST Enrollment #: _____ Physical Address: _____
Applicant Name: _____ SS#: _____
Present Address: _____ #of yrs at this address _____
City/State/Zip: _____ County: _____
Telephone: _____ Fax: _____ Email: _____
Have you applied for a Tribal Business License? Yes or No License #: _____
Marital Status: _____ Spouse's Name: _____
Date of Birth: _____ Veteran: Yes or No Branch: _____

Name of Business: _____ **EIN:** _____

Legal Structure: Sole Proprietorship Partnership Corporation
Start-up or Existing Business Number of Employees: Present Projected
Full-time _____
Part-time _____
Educational Level Completed: _____
Are you Head of Household? _____ Number of Dependents: _____ Ages: _____

EMPLOYMENT AND INCOME:

Present Employer: _____ #of yrs there: _____
Employer Address: _____ Position/title: _____
City/State/Zip: _____ Telephone #: _____
Present Salary: \$ _____ per month (gross) \$ _____ per month (net, after tax)
Other Sources of Income (you are not required to list alimony, child support unless you want them considered for repayment ability): \$ _____ from what source? _____
\$ _____ from what source? _____
Do you receive TANF? _____ SNAP? _____ Other _____
Is any income listed in this section likely to be reduced in the next two years? Yes or No Explain: _____

CREDIT INFORMATION:

Have you ever received credit from a bank?: _____ If so, when/where: _____

Please list current Checking Account #: _____ Bank Name: _____

 Savings Account #: _____ Bank Name: _____

Please list three references:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPLETE THE TABLES ON PAGE THREE AND USE THE INFORMATION TO DETERMINE THE AMOUNT OF LOAN YOU NEED, WHAT YOU WILL USE THE FUNDS FOR AND WHAT RESOURCES YOU HAVE AVAILABLE TO SECURE YOUR LOAN.

AMOUNT NEEDED

- Amount Requested from LF \$ _____
- Owner's Equity \$ _____
- Other Investors \$ _____
- **Total Sources** \$ _____

USE OF FUNDS

- Working Capital \$ _____
- Equipment, Machinery, Computers \$ _____
- Furniture & Fixtures \$ _____
- Inventory \$ _____
- Real Estate \$ _____
- Other \$ _____
- **Total Project Costs:** \$ _____

REPAYMENT

Period: _____ months/years

Source: Business Cash Flow

Collateral

Please list your collateral.

Value

Appraisal Date

Total Collateral Value

\$ _____

EQUIPMENT & INVENTORY LIST

You may use the Information from these tables to fill in the previous page. By valuing existing resources, you are able to come up with Collateral to secure your loan. Additionally, valuing purchases helps determine the Amount of Loan funds you are requesting. Knowing the actual prices of the items to be purchased gives you an accurate amount of funds needed.

Table 1 – Existing Equipment

Description of Equipment	Quantity	Resale Value
	Total	\$

Table 2 – New Purchases

Description	Quantity	Retail Price
	Total	\$

Attach photos of equity.

Attach documentation of new purchases.

APPLICATION FEE

Lakota Funds, Inc. requires Applicants to pay an Application Fee prior to submitting the Loan Application for consideration. This fee helps to defray some of our costs to review the application and obtain credit and other information in connection with our review.

LOAN PRODUCT	APPLICATION FEE
_____ Microloans (\$0.00-\$5,000.00)	\$25.00
_____ Business Loans (\$5,001.00 +)	\$50.00

Borrower's Acknowledgement:

1. I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I agree to provide receipts for the total amount of the loan if it is approved.

2. I understand that should my loan be approved, prior to closing, Lakota Funds, Inc. will charge a Closing Fee of 1% of the loan amount. Additionally, any third party costs incurred by Lakota Funds, Inc. in connection with closing the loan (including lien fees, legal fees, etc.) will also be charged to me.

Applicant's Signature

Date

Co-Applicant's Signature

Date

LF Loan Officer

Date

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 the program. 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 furnish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish gender, ethnicity and race information. Initials: _____

I will furnish the information: *(Please complete section below)*

Gender: Female Male Ethnicity: (Mark Only One) Hispanic or Latino Not Hispanic or Latino

Race: Native American Caucasian Pacific Islander Asian

(Mark One African American Other *(please specify)* _____

Or More)

For Office Use Only: Gender, ethnicity, and race information above was provided by:

Applicant

LF Staff

Marketing Questionnaire – Required for microloans only.

Please answer the following questions on a separate sheet(s) of paper:

1. What is your location and how is it important or irrelevant to your business success?
2. What is your service area?
3. Describe your products and/or services and why they are needed?
4. What are the special features of your product or service?
5. What products/services are you planning to offer in the future?
6. Describe your customers (target market)? What is their age? Income? Where do they live? Where do they buy the products/services you are selling?
7. Is your target market large enough to generate profit or will you be expanding your market? What markets would you expand to?
8. How do you plan to promote and advertise your product or service? Be Specific.
9. How many people can you reach with these methods and how many will make purchases?
10. List your competitors (locally, regionally, and nationally) and compare them to you in terms of location, service and price
11. How does your product/service differ from your competitors?
12. What should your customers know about your business that will motivate them to buy from you?

Business Balance Sheet

Business Name: _____

Owner(s): _____

Assets	
Current Assets:	\$ _____
Cash	\$ _____
Accounts Receivable (money owed to you)	\$ _____
Inventory	\$ _____
Other current assets	\$ _____
<i>Total Current Assets</i>	\$ _____
Fixed Assets	\$ _____
Land	\$ _____
Buildings (-accumulated depreciation)	\$ _____
Equipment (-accumulated depreciation)	\$ _____
<i>Total Fixed Assets</i>	\$ _____
Total Assets	\$ _____
Liabilities	
Current Liabilities:	\$ _____
Accounts payable	\$ _____
Notes Payable	\$ _____
Other current liabilities	\$ _____
<i>Total Current Liabilities</i>	\$ _____
Total Liabilities	\$ _____
Owner's Equity	
Additional paid-in capital	\$ _____
Retained Earnings	\$ _____
<i>Total Owner's Equity</i>	\$ _____
Total Liabilities & Owner's Equity	\$ _____

Business Income Statement (P/L)

_____ Actual
 _____ Projected (synopsis of 12
 _____ mo. Projection)

Business Name: _____

Owner(s): _____

SALES

Net Sales		\$ _____
Cost of Goods Sold:		
Beginning Inventory	\$ _____	
Purchases	\$ _____	
Labor	\$ _____	
Freight	\$ _____	
Commissions	\$ _____	
	Total	\$ _____
	Less Ending Inventory	\$ _____
	Total Cost of Goods Sold	\$ _____
	GROSS PROFIT	\$ _____

EXPENSES

Advertising	\$ _____	
Car & Truck expenses	\$ _____	
Commissions & Fees	\$ _____	
Contract Labor	\$ _____	
Employee benefit programs	\$ _____	
Insurance (other than health)	\$ _____	
Interest		
a. Mortgage (pd to banks, etc.)	\$ _____	
b. Other	\$ _____	
Legal & professional services	\$ _____	
Office expense	\$ _____	
Pension & profit-sharing plans	\$ _____	
Rent or lease		
a. Vehicles, machinery & equipment	\$ _____	
b. Other business property	\$ _____	
Repairs and maintenance	\$ _____	
Supplies (not included in COGS)	\$ _____	
Taxes and Licenses	\$ _____	
Travel, meals, & Entertainment		
a. Travel	\$ _____	
c. Deductible meals & entertainment	\$ _____	
Utilities	\$ _____	
Wages (less employment credits)	\$ _____	
Other expenses	\$ _____	
	Total Expenses	\$ _____
Net Profit Before Taxes		\$ _____
Income Taxes	\$ _____	
	PROFIT AVAILABLE FOR OWNER	\$ _____

Personal Financial Statement

Name: _____

Spouse: _____

SS#: _____

ASSETS	
<i>Liquid Assets</i>	
Cash (checking & savings accounts)	_____
Short-term investments	_____
Treasury Bills	_____
Savings Certificates	_____
Money Market Funds	_____
Cash Value of Life Insurance	_____
Total Liquid Assets	_____
<i>Investment Assets</i>	
Notes Receivable	_____
Marketable Securities	_____
Bonds	_____
Real Estate (investment)	_____
Tax Incentive Investments	_____
Retirement Funds	_____
Total Investment Assets	_____
<i>Personal Assets</i>	
Residence	_____
Vacation Property	_____
Art, Antiques	_____
Furnishings	_____
Vehicles	_____
Other	_____
Total Personal Assets	_____
Total Assets: \$	_____

LIABILITIES	
<i>Short-term</i>	
Credit Cards (from below)	_____
Car Loan	_____
Construction Liens/Notes/Balances Due	_____
Loan on Life Insurance	_____
Installment Loans	_____
Accrued Income	_____
Taxes	_____
Other Debt	_____
Total Short-term Liabilities	_____
<i>Long-term</i>	
Loans to Purchase Personal Assets	_____
Loan to Acquire Business	_____
Mortgage on Personal Residence	_____
Note to Business	_____
Total Long-term Liabilities	_____
<i>Contingent Liabilities</i>	
Endorser	_____
Guarantor (SBA Loan)	_____
Damage Claims	_____
Taxes	_____
Other	_____
Total Contingent Liabilities	_____
Debt/Worth: _____	
Net Worth: _____	
Total Liabilities: \$	_____

Personal Financial Statement (page 2, Continued)

CHECKING / SAVINGS ACCOUNTS	Name	Institution	Account	Balance
Checking #1				
Savings#1				
Other				
Total Cash from Checking/Savings: \$				

Credit Accts.	Creditor	Address	Monthly Payment	Account Number	Account Balance
Car Loan					
Bank Loan					
Tribal Loan					
VISA					
MasterCard					
Discover					
Other					
Other					

TOTAL MONTHLY PAYMENT: \$ _____ TOTAL OUTSTANDING \$ _____

MONTHLY INCOME	
Borrower's Salary	
Spouse's Salary	
Bonus/Commissions	
Alimony/Child Support	
Investment Income	
Real Estate Income	
TANF for guardians	
Other -	
MONTHLY INCOME \$	

LIVING EXPENSES	
Rent / Mortgage	
Property Taxes	
Electric Company	
Insurance premiums	
Food	
Tri County/City Water	
Alimony/Child Support	
Taxes (fed, state, local)	
Other	
MONTHLY EXPENSE \$	

MONTHLY DISPOSABLE INCOME \$

Have you ever filed bankruptcy? Yes_____ No_____

Are there any outstanding judgments against you? Yes_____ No_____

Are you currently party to a lawsuit? Yes_____ No_____

I represent and warrant that Lakota Funds is relying on the above information to make a decision regarding the extension of credit.

I promise that this is a true statement of my financial condition as of the date listed above.

Applicant's Signature

Date

Co-Applicant's Signature

Date