



Lakota Funds

Investing in the Oyate

PO Box 340, Kyle, SD 57752  
(605) 455-2500 tel (605) 455-2585 fax  
www.lakotafunds.org

## SMALL LOAN APPLICATION CHECK LIST

Thank you for choosing Lakota Funds for your business lending needs. Please complete the loan application included in this packet and provide the following for requests less than \$25,000:

- 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)
- 2 Year's Tax Returns (both individual and business)
- Year End Financials (Balance Sheet and Profit & Loss)
- Last Quarter Business Financials
- Accounts Receivable and Accounts Payable Aging
- Profit & Loss Projections (1 years)
- 3 Months Bank Statements (individual and business if applicable)
- 3 Most Recent Pay Stubs
- Certificate of Business Class
- Evidence of Business Insurance
- Lease Agreement (including amendments and modifications)
- Articles of Incorporation and Bylaws (if a corporation)
- Articles of Organization and Operating Agreement (if a Limited Liability Company)
- Partnership Agreement (if business is a partnership)

If Applicable, please provide the following additional information:

- Detailed list of machinery and equipment to purchase
- Real Property Collateral Information

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.

Completed applications can be submitted electronically via email to [info@lakotafunds.org](mailto:info@lakotafunds.org) or by hard copy to our office at the Lakota Trade Center in Kyle, SD.

We look forward to working with you. Thanks again.

## Lakota Funds Business Loan Application

### APPLICANT INFORMATION

NAME	SOCIAL SECURITY #
TRIBAL ENROLLMENT #	DATE OF BIRTH
PRESENT ADDRESS	CITY, STATE, ZIP
COUNTY	YEARS AT THIS ADDRESS
TELEPHONE	FAX
ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT BRANCH?
HIGHEST EDUCATION LEVEL COMPLETED	ARE YOU HEAD OF HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER OF DEPENDANTS	AGES OF DEPENDANTS

### CO-APPLICANT INFORMATION

NAME	SOCIAL SECURITY #
TRIBAL ENROLLMENT #	DATE OF BIRTH
PRESENT ADDRESS	CITY, STATE, ZIP
COUNTY	YEARS AT THIS ADDRESS
TELEPHONE	FAX
ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT BRANCH?
HIGHEST EDUCATION LEVEL COMPLETED	ARE YOU HEAD OF HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER OF DEPENDANTS	AGES OF DEPENDANTS

### BUSINESS INFORMATION

BUSINESS NAME	EMPLOYER IDENTIFICATION NUMBER
HAVE YOU APPLIED FOR A TRIBAL BUSINESS LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT IS YOUR LICENSE NUMBER?
LEGAL STRUCTURE	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation	
STAGE OF DEVELOPMENT	
<input type="checkbox"/> Start-up <input type="checkbox"/> Existing Business	
CURRENT NUMBER OF EMPLOYEES	PROJECTED NUMBER OF EMPLOYEES
Full-time: <input type="text"/> Part-time: <input type="text"/>	Full-time: <input type="text"/> Part-time: <input type="text"/>

### APPLICANT EMPLOYMENT AND INCOME

PRESENT EMPLOYER		# OF YEARS THERE	
EMPLOYER ADDRESS		POSITION/TITLE	
CITY, STATE, ZIP		TELEPHONE	
PRESENT SALARY			
\$ gross per month		\$ net per month (after taxes)	
OTHER SOURCES OF INCOME (You are not required to list alimony or child support unless you want them considered for repayment ability.)			
\$	Source:	\$	Source:
DO YOU RECEIVE TANF?		DO YOU RECEIVE SNAP?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU RECEIVE OTHER BENEFITS?		IF YES, PLEASE SPECIFY.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED IN THE NEXT TWO YEARS?		IF YES, PLEASE EXPLAIN.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### CO- APPLICANT EMPLOYMENT AND INCOME

PRESENT EMPLOYER		# OF YEARS THERE	
EMPLOYER ADDRESS		POSITION/TITLE	
CITY, STATE, ZIP		TELEPHONE	
PRESENT SALARY			
\$ gross per month		\$ net per month (after taxes)	
OTHER SOURCES OF INCOME (You are not required to list alimony or child support unless you want them considered for repayment ability.)			
\$	Source:	\$	Source:
DO YOU RECEIVE TANF?		DO YOU RECEIVE SNAP?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU RECEIVE OTHER BENEFITS?		IF YES, PLEASE SPECIFY.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED IN THE NEXT TWO YEARS?		IF YES, PLEASE EXPLAIN.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### APPLICANT CREDIT INFORMATION

HAVE YOU EVER RECEIVED CREDIT FROM A BANK?		IF YES, FROM WHAT BANK AND WHEN?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
CURRENT ACCOUNTS			
Checking Account #:		Bank Name:	
Savings Account #:		Bank Name:	
PLEASE LIST THREE REFERENCES			
Name	Address	Phone	

### CO-APPLICANT CREDIT INFORMATION

HAVE YOU EVER RECEIVED CREDIT FROM A BANK?		IF YES, FROM WHAT BANK AND WHEN?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
CURRENT ACCOUNTS			
Checking Account #:		Bank Name:	
Savings Account #:		Bank Name:	
PLEASE LIST THREE REFERENCES			
Name	Address	Phone	

### FUNDING REQUEST

Complete the following tables 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		USE OF FUNDS	
Amount Requested from Lakota Funds	\$	Working Capital	\$
Owner's Equity	\$	Equipment, Machinery, Computers	\$
Other Investors	\$	Furniture & Fixtures	\$
<b>Total Sources</b>	<b>\$</b>	Inventory	\$
		Real Estate	\$
		Other	\$
		<b>Total Project Costs</b>	<b>\$</b>
REPAYMENT PERIOD REQUESTED		SOURCE OF REPAYMENT	
months			

COLLATERAL		
Item	Value	Appraisal Date
	\$	
	\$	
	\$	
	\$	
<b>Total Collateral Value</b>	<b>\$</b>	

## EQUIPMENT AND INVENTORY LISTS

You may use the information from the following tables to complete the 'Funding Request' portion of the application.

EXISTING EQUIPMENT		
By valuing existing resources, you are able to come up with collateral to secure your loan. Please attach photos of items you wish to use as collateral.		
Description of Equipment	Quantity	Resale Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Value</b>		\$

NEW PURCHASES		
By valuing new purchases, you are able to determine the amount of loan funds you are requesting. Knowing the actual prices of items to be purchased helps you calculate an accurate amount of funds needed. Please attach documentation of new purchases.		
Description	Quantity	Retail Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Value</b>		\$

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.	
<input type="checkbox"/> I do not wish to furnish gender, ethnicity, and race information. Initials: _____	
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 ALL THAT APPLY)	
<input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Other _____

## APPLICATION FEE

Lakota Funds 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.

APPLICATION FEE SCHEDULE			
LOAN PRODUCT	REQUEST AMOUNT	FEE	SUBMITTED
Microloan	\$0.00 - \$5,000.00	\$25.00	<input type="checkbox"/>
Business Loan	\$5,001.00 +	\$50.00	<input type="checkbox"/>

**BORROWER'S ACKNOWLEDGEMENT**

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.

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.

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Applicant's Signature

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Date

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Co-Applicant's Signature

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Date

## Microloan Marketing Questionnaire

### MARKETING QUESTIONS

Please complete the following questions if your funding request is \$5,000 or less.

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 INTO?

8. HOW DO YOU PLAN TO PROMOTE AND ADVERTISE YOUR PRODUCTS OR SERVICES? 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

as of \_\_\_\_\_

### BUSINESS INFORMATION

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 (less accumulated depreciation)	\$	
Equipment (less accumulated depreciation)	\$	
<i>Total Fixed Assets</i>	\$	

**Total Assets** \$ \_\_\_\_\_

#### LIABILITIES

##### Current Liabilities:

Accounts payable	\$	
Notes Payable	\$	
Other current liabilities	\$	
<i>Total Current Liabilities</i>	\$	

##### Long-Term Liabilities:

Accounts payable	\$	
Notes Payable	\$	
Other long-term liabilities	\$	
<i>Total Long-term Liabilities</i>	\$	

**Total Liabilities** \$ \_\_\_\_\_

#### OWNER'S EQUITY

Capital Contribution	\$	
Retained Earnings	\$	
<i>Total Owner's Equity</i>	\$	

**Total Liabilities & Owner's Equity** \$ \_\_\_\_\_

## Business Income Statement (P/L)

BUSINESS INFORMATION	
BUSINESS NAME	OWNER(S)
THIS STATEMENT IS:	DATE RANGE
<input type="checkbox"/> Actual	
<input type="checkbox"/> Projected (synopsis of 12-month period)	

<b>SALES</b>		
Net Sales		\$ _____
Cost of Goods Sold:		
Beginning Inventory	\$ _____	
Purchases	\$ _____	
Labor	\$ _____	
Freight	\$ _____	
Commissions	\$ _____	
<b>Total</b>	<b>\$ _____</b>	
Less Ending Inventory	\$ _____	
Total Cost of Goods Sold		\$ _____
<b>GROSS PROFIT</b>		<b>\$ _____</b>
<b>EXPENSES</b>		
Advertising	\$ _____	
Car & Truck expenses	\$ _____	
Commissions & Fees	\$ _____	
Contract Labor	\$ _____	
Employee benefit programs	\$ _____	
Insurance (other than health)	\$ _____	
Interest		
Mortgage (paid to banks, etc.)	\$ _____	
Other	\$ _____	
Legal & professional services	\$ _____	
Office expense	\$ _____	
Pension & profit-sharing plans	\$ _____	
Rent or lease		
Vehicles, machinery & equipment	\$ _____	
Other business property	\$ _____	
Repairs and maintenance	\$ _____	
Supplies (not included in COGS)	\$ _____	
Taxes and Licenses	\$ _____	
Travel, meals, & Entertainment		
Travel	\$ _____	
Deductible meals & entertainment	\$ _____	
Utilities	\$ _____	
Wages (less employment credits)	\$ _____	
Other expenses	\$ _____	
<b>Total Expenses</b>	<b>\$ _____</b>	
Net Profit Before Taxes		\$ _____
Income Taxes	\$ _____	
<b>PROFIT AVAILABLE FOR OWNER</b>		<b>\$ _____</b>

## Personal Financial Statement

as of \_\_\_\_\_

PERSONAL INFORMATION	
NAME	SOCIAL SECURITY #
SPOUSE'S NAME	SOCIAL SECURITY #

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

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

Net Worth	\$
Debt/Worth	%

**CHECKING / SAVINGS ACCOUNTS**

ACCOUNT	NAME	INSTITUTION	ACCOUNT	BALANCE
Checking				\$
Checking				\$
Savings				\$
Savings				\$
Other				\$
<b>Total Cash from Checking/Savings</b>				<b>\$</b>

**DEBT SCHEDULE**

LENDER / CREDITOR	LOAN TYPE (INSTALLMENT, REVOLVING, OTHER)	ORIGINAL NOTE DATE	MATURITY DATE	ORIGINAL LOAN AMOUNT	CURRENT BALANCE	PAYMENT PER MONTH	INTEREST RATE
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
<b>Total Monthly Debt Payment</b>						<b>\$</b>	

**MONTHLY INCOME**

Borrower's Salary	\$
Spouse's Salary	\$
Bonus/Commissions	\$
Alimony/Child Support	\$
Investment Income	\$
Real Estate Income	\$
TANF	\$
SNAP	\$
Owner's Draw	\$
Other	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

<b>MONTHLY DISPOSABLE INCOME</b>	<b>\$</b>
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**MONTHLY EXPENSES**

Rent / Mortgage	\$
Property Taxes	\$
Insurance Premiums	\$
Food	\$
Electric	\$
Propane	\$
Phone, Cable, and Internet	\$
Garbage	\$
Alimony/Child Support	\$
Taxes (fed, state, local)	\$
Other	\$
Other	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**ADDITIONAL FINANCIAL INFORMATION**

QUESTION	YES	NO
Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>

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 below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date