



4471 STATE ROUTE 109, PACIFIC BEACH, WA PHONE: (360) 276-0118 OR 276-0126 FAX: (360) 276-0167

## Home Improvement Loan Application

Dear Customer,

Thank you for applying for a Home Improvement Loan through Taala Fund. The Home Improvement Loan is designed to assist you with increasing the safety and/or energy efficiency of your home.

A complete loan package is needed to process your loan. Please submit:

- \_\_\_\_\_ Attached Home Improvement Loan application
- \_\_\_\_\_ Quote(s) for home improvement or repair costs
- \_\_\_\_\_ Last 2 paystubs (or other documentation to support income)
- \_\_\_\_\_ Last two tax returns
- \_\_\_\_\_ Proof of tribal enrollment
- \_\_\_\_\_ Proof of permanent residence (electric, phone, or cable bills)
- \_\_\_\_\_ Monthly Budget Tracking Sheet (completed during scheduled appointment with Taala Fund staff)
- \_\_\_\_\_ Authorization of Release Form (please have co-applicant sign a separate form)
- \_\_\_\_\_ Credit Report (Generated by Taala Fund staff upon application completion/submittal)
- \_\_\_\_\_ Current Mortgage Statement
- \_\_\_\_\_ QIN or related Building permit, if applicable
- \_\_\_\_\_ Tax Assessment, if applicable
- \_\_\_\_\_ Declarations page of homeowner's insurance
- \_\_\_\_\_ Payroll deduction form from your employer
- \_\_\_\_\_ **Pictures** of item/places in home in need of repair or improvement. Include pictures with loan application.

When you submit the above listed items thoroughly completed, you should hear back from a Taala Fund's staff member within two weeks. We look forward to reviewing your loan application!

REVISED 03/2021

**APPLICANT(S) INFORMATION:**

Applicant Name:      \_SS#:\_\_\_\_\_Enrollment #:      \_\_

Present Address (MUST BE LOCATION OF INTENDED REPAIRS/IMPROVEMENTS):

\_\_\_\_\_#of yrs. at this address      \_\_

Mailing Address:      \_

City/State/Zip:      County:

Is this your primary residence? YES NO    Do you plan to stay in home for at least 5 years? YES NO

Telephone:      Fax: \_\_\_\_\_Email:

Date of Birth:      \_\_\_\_\_Educational Level Completed: \_\_\_\_\_Veteran: \_ Branch:

Are you Head of Household?      Number of Dependents:      \_Ages:\_\_\_\_\_Marital Status:--Select--

**CO-APPLICANT:**

Name:      \_\_SS#:      Enrollment #:

Date of Birth:      Educational Level Completed:      Veteran:      Branch:

**EMPLOYMENT AND INCOME:**

Present Employer:      Position/title:      # of yrs there:

Employer Address:      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?

Do you receive Public Assistance?      \_\_\_\_\_Food Stamps?      \_\_ Other      \_\_\_\_\_

Is any income listed in this section likely to be reduced in the next two years?      \_\_\_\_\_ Explain:

**CO-APPLICANT EMPLOYMENT AND INCOME:**

Present Employer:      \_\_\_\_\_Position/title:      \_\_\_\_\_# of yrs there:      \_\_\_\_\_

Employer Address:      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?      \_\_\_\_\_

Is any income listed in this section likely to be reduced in the next two years?      Explain:

**ALL PEOPLE RESIDING IN HOME**

NAME	DOB	Tribal Member	Disabled	Relationship to Applicant
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Add more people on back of application or attached

What type of property is this? Select one

Number of bedrooms in property \_\_\_ Are property taxes up-to-date? \_\_\_ Mortgage current? \_\_\_

Live on the Quinault Reservation? \_\_\_ Live on Trust property? \_\_\_

Property Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**USES OF PROCEEDS:** (On this portion is an detailed list of work to be done on home)

Repair Description: \_\_\_\_\_ \$ -

Repair Description: \_\_\_\_\_ \$ -

Repair Description: \_\_\_\_\_ \$ -

Repair Description: \_\_\_\_\_ \$ -

**Amount requested: \$ -**

**DATA INFORMATION:**

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: Select one

Ethnicity: (Mark Only One)

- Hispanic or Latino  Not Hispanic or Latino

- Race: (Mark One or More)  Native American  Caucasian  Pacific Islander  Asian  African America
- Other

(please specify)

Gender, ethnicity, and race information above was provided by:

Applicant  Taala Fund staff

**PERSONAL FINANCIAL STATEMENT: Please list ALL bills**

Checking/Savings Accounts	Name	Institution	Account	Balance
Checking				
Savings				
Other				
Total Cash from Checking/Savings: \$				

**Liabilities**

Credit Accounts	Creditor	Address	Monthly Payments	Account Number	Account Balance
Car Loan					
Bank Loan					
Tribal Loan					
Fisherman Loan					
Visa					
Other					
Other					
		Total Monthly Payments		Total Outstanding	

**INCOME** **\$ Amount** **Monthly Expenses** **\$ Amount**

Monthly Income		Rent/Mortgage	
Borrower's Salary		Utilities	
Spouse's Salary		Food/Groceries	
Bonus/Commissions		Take out/lunch	
Alimony/Child Support		Sewage & Water	
Investment Income		Insurance	
Real Estate		Internet/Phone/cell phone	
TANF/Guardianship		Cable/Satellite TV	
Per Cap		Subscriptions: (Netflix,Hulu, Xboxlive)	
Social Security		Alimony/Child Support	
Other		Childcare	
		Grooming (laundry soap, shampoo)	
		Gas (automobile)	
		Gifts (birthdays, Christmas)	
Monthly Income \$		Monthly Expenses \$	
Monthly Disposable Income (Monthly Income - Monthly Expenses) \$			

Have you ever filed bankruptcy? Yes  No   
 Are there any outstanding judgments against you? Yes  No   
 Are you currently a party to a lawsuit? Yes  No

**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, Taala Fund will charge a Closing Fee of 1.5% of the loan amount. Additionally, any third party costs incurred by Taala Fund, Inc. in connection with closing the loan (including lien fees, legal fees, etc.) will also be charged to me.
3. I agree to have payments deducted from my paycheck to repay this loan regardless of where I may be working. I also agree that if my employment is terminated, whether voluntarily or involuntarily, any remaining loan balance, including interest, shall be deducted from my final paycheck. If the amount of the final paycheck is not enough to pay off the loan balance, I will make arrangements with the Taala Fund within 10 business days of termination to pay the amount owed or risk legal action against me.

I, further represent and warrant the Taala Fund 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.

\_\_\_\_\_

Borrower's Signature	Date	Co-Borrower Signature	Date
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**AUTHORIZATION TO RELEASE INFORMATION**

I have applied for or obtained a loan from Taala Fund. As part of the process, Taala 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 Taala Fund for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holding, and any other asset balances
- Past and present landlord references
- Other consumer credit references

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

I understand that under the Rights to Financial Privacy Act of 1978, 12 USC 3401, et seq., Taala Fund is authorized to access my financial records held by financial institutions in connections or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to Taala Fund without further notice or authorization, but will not be disclosed or released by Taala Fund to any other person or agency without my written consent except as required or permitted by law.

The information Taala Fund obtains is only to be used in the process of my request for assistance.

A copy of this authorization may be accepted as an original. Your prompt reply is appreciated.

\_\_\_\_\_ Jr., Sr., I, II  
Full Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Previous Address (If < 6 mo's at above address) City State Zip Code

\_\_\_\_\_  
Social Security No. Date of Birth

\_\_\_\_\_  
Signature Date



**PAYROLL DEDUCTION FORM**  
*(optional)*

EMPLOYER:

- QNEB Centralized Accounting, ATTN: Payroll Department
- Quinault Indian Nation, ATTN: Payroll Department
- Other (state) \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_ BUDGET # \_\_\_\_\_

**PAYROLL DEDUCTION AGREEMENT**

I agree to have \$ \_\_\_\_\_ deducted from my payroll check bi-weekly beginning the first/second (circle) pay period in \_\_\_\_\_ (month/year) for a total monthly payment of \$ \_\_\_\_\_ and the deducted funds to be transferred to Taala Fund, PO Box 702, Taholah, WA 98587.

If I am terminated from my job for any reason, I agree that the current monthly deduction balance may be deducted from my annual leave paycheck.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Payroll Supervisor Date

*To set up transfer arrangements, please contact Lolita Black or Tomi Mail, Taala Fund, at (360) 276-0118.*

**ATTENTION PAYROLL DEPARTMENT/FINANCE DEPARTMENT: Under this agreement payroll deduction customer may not request a “stop payment or partial payment” to their Employer finance/payroll department without the consent of Taala Fund.**