



Wisconsin Native Loan Fund
 PO Box 580, 705 Peace Pipe Road
 Lac du Flambeau, WI 54538

tel. 715.588.1600
 fax 715.588.3535
 http://winlf.org/

WINLF BUSINESS LOAN APPLICATION

Today's Date: _____

PERSONAL APPLICATION SUPPLEMENT			
NAME (FIRST, MIDDLE, LAST):			
DO YOU KNOW WHAT YOUR CREDIT SCORE IS?	IF YES, WHAT IS IT? ¹	DO YOU HAVE ANY ACTIVE COLLECTIONS THAT YOU ARE AWARE OF?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE YOUR CREDIT SCORE TO THE BEST OF YOUR KNOWLEDGE.			
<input type="checkbox"/> Bad <input type="checkbox"/> Okay <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> No credit			
PLEASE TELL US ABOUT YOUR USE OF FINANCIAL PRODUCTS AND SERVICES.			
Do you currently have a... →	checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	reloadable prepaid debit card ² ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	credit card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	secured credit card ³ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past five years have you utilized... →	predatory loans ⁴ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
	money orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
	check cashing services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
	a pawn shop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
	a rent-to-own store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
	advances on your paycheck from your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
Have you applied for a loan in the past five years?	<input type="checkbox"/> Yes →	Were you approved for the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, what institution holds the loan and what was it for? _____	
	<input type="checkbox"/> No →	If no, how confident do you feel in your ability to apply for and receive a loan? <input type="checkbox"/> Very confident <input type="checkbox"/> Confident <input type="checkbox"/> Neither confident nor unconfident <input type="checkbox"/> Unconfident <input type="checkbox"/> Very unconfident	
	<input type="checkbox"/> I don't know		

¹ FICO Credit Scores range from 300 to 850.

² A reloadable prepaid debit card is not linked to a bank or credit union account, but you or someone else, like a relative, employer, or a government agency, can add money into this card. You can use it to make purchases and pay bills where credit cards are accepted.

³ A secured card requires a cash collateral deposit that becomes the credit line for that account.

⁴ Payday loans, car title loans, or loans with abusive terms are considered predatory loans.



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HOUSEHOLD INFORMATION		
TOTAL NUMBER OF PEOPLE LIVING IN THIS PHYSICAL STRUCTURE (NUMBER OF PEOPLE, INCLUDING YOURSELF AND CHILDREN, THAT LIVE IN YOUR PHYSICAL STRUCTURE WHO MAY OR MAY NOT SHARE INCOME & EXPENSES):		
_____ Number of Adults Over 18 (including yourself)	+	_____ = _____ Number of Children Under 18 Total Number of People
HOW MANY BEDROOMS ARE IN THIS PHYSICAL STRUCTURE?		

HOUSING SITUATION	
PLEASE TELL US ABOUT YOUR CURRENT LIVING SITUATION.	
Type of housing (select all that apply): <input type="checkbox"/> I am currently renting in → <input type="checkbox"/> public/tribal (low-income) housing. <input type="checkbox"/> the private sector. ⁵ <input type="checkbox"/> I currently own my own → <input type="checkbox"/> manufactured home (previously known as a mobile home). ⁶ <input type="checkbox"/> modular or stick-built home. ⁷ <input type="checkbox"/> I currently live at a motel/hotel. <input type="checkbox"/> I currently live in a shelter. <input type="checkbox"/> I currently live at another person's home rent-free. <input type="checkbox"/> Other (please specify): _____	Where you live: <input type="checkbox"/> In town <input type="checkbox"/> Out of town, rural <input type="checkbox"/> Other (please specify): _____ <hr/> Land status of where you live: <input type="checkbox"/> Tribally owned land <input type="checkbox"/> My/my family's land <input type="checkbox"/> Other (please specify): _____
Who you live with (select all that apply): <input type="checkbox"/> Just myself <input type="checkbox"/> Myself and immediate family (partner and/or children) <input type="checkbox"/> Relatives <input type="checkbox"/> Other (please specify): _____	
IF YOU DON'T CURRENTLY OWN A HOME, HAVE YOU IN THE PAST?	IF YES, WHEN DID YOU PURCHASE YOUR LAST HOME?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
PLEASE RATE THE OVERALL CONDITION OF YOUR HOME.	
<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
PLEASE MARK ANY OF THE FOLLOWING THAT CURRENTLY APPLY TO YOUR HOME:	
<input type="checkbox"/> Lack of running water <input type="checkbox"/> Lack of adequate sanitation facilities ⁸ <input type="checkbox"/> Lack of working heat <input type="checkbox"/> Dwelling structurally unsafe <input type="checkbox"/> Lack of electricity <input type="checkbox"/> Other substandard conditions (describe): _____ <input type="checkbox"/> My home has none of the above substandard conditions.	
IN THE LAST YEAR WERE YOU UNABLE TO AFFORD TO PAY FOR ANY OF THE UTILITIES BELOW?	
<input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> None; I was able to pay all of my utilities this year.	
HOW MANY TIME HAVE YOU BEEN LATE WITH YOUR MORTGAGE/RENT PAYMENTS IN THE PAST 12 MONTHS?	HAVE YOU RECEIVED AN EVICTION/VACATE NOTICE IN THE LAST 12 MONTHS?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁵ Privately-owned; not owned by the tribe or government.
⁶ A manufactured home (formerly known as a mobile home) is built to the Manufactured Home Construction and Safety Standards (HUD Code) and displays a red certification label on the exterior of each transportable section. Manufactured homes are built in the controlled environment of a manufacturing plant and are transported in one or more sections on a permanent chassis.
⁷ A stick-built home is a wooden house constructed entirely or largely on-site; that is built on the site which it is intended to occupy upon its completion rather than in a factory or similar facility. Modular homes are constructed to the same state, local or regional building codes as site-built homes. Other types of systems-built homes include panelized wall systems, log homes, structural insulated panels, and insulating concrete forms.
⁸ Such as a septic tank, sewer system, etc.



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PLEASE TELL US WHAT YOU WOULD LIKE TO CHANGE ABOUT YOUR CURRENT LIVING SITUATION, IF ANYTHING.

Type of housing (select all that apply):

- I am happy where I am at and with the quality of my housing, and therefore I see no reason to change.
- I'd like to change something about my housing situation. → I'd like to start renting in → public/tribal (low-income) housing.
(for example, whether I rent or own, or am in a transitory situation, or if I want to improve the mobile home or stick built house I own) I'd like to purchase a(n) → the private sector.⁴
 - new construction modular or stick-built home.⁶
 - new construction manufactured home (previously known as a mobile home).⁵
 - existing modular or stick-built home.
 - existing manufactured home (previously known as a mobile home).⁵
 - land/home package.
 - condo/townhome.
 - other type of home not listed above. (Please specify: _____)
- I'd like to improve/rehabilitate my → manufactured home (previously known as a mobile home).⁵
- Other (please specify): → modular or stick-built home.⁶

Where you live:

- I am happy with the physical location of where I live, and therefore I see no reason to change.
- I am interested in moving to a different physical location. → I'd like to move to an area that is → in town.
(for example, in or out of town, or on or off tribal or personally owned land) out of town (a rural area).
 different than listed above. (Please specify: _____)
- I'd like to move to land that is → tribally-owned.
 owned by my family.
 a different land status than mentioned above. (Please specify: _____)

Who you live with (select all that apply):

- I am happy with whom I live, and therefore I see no reason to change.
- I would like to change who I live with. → I'd like to live alone.
(for example, moving out of my parents' house or moving to live in the same house as my sister) I'd like to live just with my immediate family (partner and/or children).
 I'd like to move in with relatives.
 I'd like to live with someone other than listed above. (Please specify: _____)

WHAT SERVICES WOULD BE HELPFUL IN CHANGING YOUR HOUSING SITUATION (SELECT ALL THAT APPLY)?

- Down payment assistance
- Closing cost assistance
- Credit counseling/repair
- Help finding a home
- Help with loan qualification
- Information on land issues
- Education on homeownership process
- Gap financing
- Other (please specify): _____

WELL-BEING

FINANCIAL WELL-BEING

PLEASE CHECK THE BOX THAT DESCRIBES YOUR RESPONSE TO EACH STATEMENT.

STATEMENT	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Because of my money situation, I feel like I will never have the things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am securing my financial future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAD AN UNEXPECTED EXPENSE OR SOMEONE IN YOUR FAMILY LOST A JOB, GOT SICK, OR HAD ANOTHER EMERGENCY, HOW CONFIDENT ARE YOU THAT YOUR FAMILY COULD COME UP WITH THE MONEY TO MAKE ENDS MEET WITHIN A MONTH?

- Not at all confident
- Somewhat confident
- Very confident

HOW CONFIDENT ARE YOU IN YOUR ABILITY TO ACHIEVE A FINANCIAL GOAL THAT YOU SET FOR YOURSELF TODAY?

- Not at all confident
- Somewhat confident
- Very confident





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DOES YOUR HOUSEHOLD HAVE A BUDGET, SPENDING PLAN OR FINANCIAL PLAN?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
OVER THE PAST YEAR, WOULD YOU SAY THAT YOUR SPENDING WAS LESS THAN, MORE THAN, OR ABOUT EQUAL TO YOUR INCOME (PLEASE DO NOT INCLUDE THE PURCHASE OF A NEW HOUSE OR CAR, OR OTHER BIG INVESTMENTS YOU MAY HAVE MADE)?					
<input type="checkbox"/> Spending less than income		<input type="checkbox"/> Spending more than income		<input type="checkbox"/> Spending about equal to income	
<input type="checkbox"/> Don't know					
IN THE PAST YEAR, IN WHAT WAYS HAVE YOU GIVEN BACK TO YOUR COMMUNITY?					
<input type="checkbox"/> Donations of time		<input type="checkbox"/> Donations of professional services or goods		<input type="checkbox"/> Donations of money to charitable organizations	
<input type="checkbox"/> Lending or giving money to friends and/or family		<input type="checkbox"/> Mentoring community members		<input type="checkbox"/> Other (please specify): _____	
<input type="checkbox"/> I haven't yet					
PLEASE EXPLAIN ALL RESOURCES GIVEN BACK TO THE COMMUNITY.					
PERSONAL WELL-BEING					
PLEASE CHECK THE BOX THAT DESCRIBES YOUR RESPONSE TO EACH STATEMENT.					
STATEMENT	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I have the necessary knowledge to set realistic financial goals for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share financial knowledge with family and other community ⁹ members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly participate in community events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud to belong to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live in stable housing that is affordable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY OTHER COMMENTS, QUESTIONS, OR CONCERNS?					

PERSONAL LOAN INFORMATION			
NAME (FIRST, MIDDLE, LAST):		BIRTHDATE:	SSN:
MARITAL STATUS:			
<input type="checkbox"/> Single	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partnership
SPOUSE'S NAME (FIRST, MIDDLE, LAST):		SPOUSE'S DOB:	SPOUSE'S SSN:
ARE YOU AN ENROLLED MEMBER OF A TRIBE?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
		<input type="checkbox"/> Pending	
IF YES OR PENDING, WHAT TRIBE?		IF YOU WOULD PREFER A DIFFERENT TRIBE NAME THAN THE FEDERAL OR STATE DESIGNATIONS FOR TRIBES, PLEASE PROVIDE BELOW. (FOR EXAMPLE, SOME INDIVIDUALS PREFER OGLALA LAKOTA INSTEAD OF OGLALA SIOUX TRIBE, OR DINE INSTEAD OF NAVAJO.)	
ENROLLMENT NUMBER (IF APPLICABLE):			

⁹ Community in however you define it.



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HIGHEST EDUCATION LEVEL COMPLETED (CHOOSE ONE):			
<input type="checkbox"/> Some high school or less	<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Bachelor's degree	
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Associate's degree or similar (vocational or technical degree)	<input type="checkbox"/> Advanced degree (master's, doctorate, etc.)	
<input type="checkbox"/> GED			
EMPLOYMENT STATUS (SELECT ALL THAT APPLY):			
<input type="checkbox"/> Regular Employment	→	What is your regular employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk) <input type="checkbox"/> Full-time (35 hrs/wk or more)
		Are you employed seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self-Employed	→	What is your self-employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk) <input type="checkbox"/> Full-time (35 hrs/wk or more)
		Are you employed seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unemployed	→	Are you currently seeking employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, why aren't you seeking employment?	<input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other reasons
ARE YOU A VETERAN?		DO YOU HAVE A DISABILITY?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ALTERNATE/EMERGENCY CONTACT	
NAME (FIRST, LAST):	PHONE: RELATIONSHIP TO YOU:
HAS THE PERSON LISTED ABOVE BEEN INFORMED THAT S/HE IS LISTED AS AN ALTERNATE CONTACT TO BE CONTACTED IN THE CASE OF EMERGENCY OR IF YOU CANNOT BE CONTACTED VIA ONE OF THE METHODS LISTED ABOVE?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR HOUSEHOLD		
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL MEMBERS OF YOUR HOUSEHOLD (INCLUDING YOURSELF):		
NAME:	DATE OF BIRTH:	RELATIONSHIP TO ACCPLICANT:
		APPLICANT



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BUSINESS INFORMATION			
BUSINESS NAME:		DATE ESTABLISHED (MM/DD/YYYY):	
PHYSICAL ADDRESS:		CITY:	STATE: ZIP:
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):		CITY:	STATE: ZIP:
PRIMARY CONTACT NAME:		TITLE/POSITION:	
PHONE:		EMAIL:	
WEBSITE:	TAX ID/EMPLOYER IDENTIFICATION NUMBER (EIN) ¹⁰ :	NAICS CODE(S) ¹¹ :	
TYPE OF BUSINESS:			
<input type="checkbox"/> Sole Proprietorship ¹² <input type="checkbox"/> Partnership ¹⁴ <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Corporation ¹³ <input type="checkbox"/> Limited Liability Corporation ¹⁵			
BRIEFLY DESCRIBE THE BUSINESS:			
WHAT STAGE IS YOUR BUSINESS IN?			
<input type="checkbox"/> Seed <input type="checkbox"/> Established <input type="checkbox"/> Succession <input type="checkbox"/> Start-up <input type="checkbox"/> Expansion <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Growth <input type="checkbox"/> Mature			
DO YOU HAVE A BUSINESS CHECKING ACCOUNT?		DO YOU HAVE A BUSINESS SAVINGS ACCOUNT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE INDICATE HOW MANY EMPLOYEES (INCLUDING OWNER(S)) YOUR BUSINESS WILL EMPLOY AT LOAN CLOSING.			
EMPLOYMENT STATUS	FULL-TIME (35 OR MORE HOURS PER	PART-TIME (34 HOURS OR LESS PER WEEK)	TOTAL
Permanent			
Seasonal			
PLEASE INDICATE HOW MANY EMPLOYEES (INCLUDING OWNER(S)) YOUR BUSINESS WILL RETAIN AT LOAN CLOSING.			
EMPLOYMENT STATUS	FULL-TIME (35 OR MORE HOURS PER	PART-TIME (34 HOURS OR LESS PER WEEK)	TOTAL
Permanent			
Seasonal			

¹⁰ For a sole-proprietorship this number is usually your social security number. An employer identification number (EIN) is a nine-digit number assigned by the IRS. It is used to identify the tax accounts of employers and certain others who have no employees. The IRS uses the number to identify taxpayers who are required to file various business tax returns. EINs are used by employers, sole proprietors, corporations, partnerships, non-profit associations, trusts, estates of decedents, government agencies, certain individuals, and other business entities. If you already have an EIN and the organization or ownership of your business changes, you may need to apply for a new number. Visit this website for more information: <https://www.irs.gov/taxtopics/tc755.html>

¹¹ If you don't know your NAICS code you can find it at www.naics.com/search.

¹² A sole proprietorship, also known as the sole trader or simply a proprietorship, is a type of business entity that is owned and run by one natural person and in which there is no legal distinction between the owner and the business.

¹³ A corporation (sometimes referred to as a C corporation) is an independent legal entity owned by shareholders. This means that the corporation itself, not the shareholders that own it, is held legally liable for the actions and debts the business incurs.

¹⁴ A partnership is a single business where two or more people share ownership. Each partner contributes to all aspects of the business, including money, property, labor or skill. In return, each partner shares in the profits and losses of the business.

¹⁵ A *limited liability company* is a hybrid type of legal structure that provides the *limited liability* features of a corporation and the tax efficiencies and operational flexibility of a partnership. The "owners" of an LLC are referred to as "members."



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PLEASE ESTIMATE THE NUMBER OF JOBS (INCLUDING OWNER(S)) YOU EXPECT TO CREATE, MINUS ANY EXPECTED JOB LOSSES OVER THE NEXT YEAR.			
EMPLOYMENT STATUS	FULL-TIME (35 OR MORE HOURS PER	PART-TIME (34 HOURS OR LESS PER WEEK)	TOTAL
Permanent			
Seasonal			
WHAT WAS YOUR GROSS ANNUAL REVENUE ¹⁶ IN THE LAST FISCAL YEAR ¹⁷ ?		WHAT WAS YOUR NET ANNUAL BUSINESS PROFIT ¹⁸ IN THE LAST FISCAL YEAR ²⁴ ?	
\$		\$	

OWNER(S) INFORMATION

PLEASE TELL US ABOUT THE OWNER(S) OF THE BUSINESS DESCRIBED ABOVE.		
NAME:	TITLE:	% OWNERSHIP:

PLEASE TELL US ABOUT ANY TRAINING(S) YOU HAVE COMPLETED.

Have you attended or completed any business or financial training(s) in the past year? Yes → No

Could you provide documentation of your completion of the training(s) upon request? Yes No

What was the type/topic of the training(s) (select all that apply)?

<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Record Keeping
<input type="checkbox"/> Marketing & Advertising	<input type="checkbox"/> Management
<input type="checkbox"/> Human Resources & Employee/Contractor Management	<input type="checkbox"/> Pricing & Job Costing
<input type="checkbox"/> Legal	<input type="checkbox"/> Loan
<input type="checkbox"/> Business Planning	<input type="checkbox"/> Taxes
<input type="checkbox"/> Credit Building, Repair & Maintenance	<input type="checkbox"/> Performance Monitoring
	<input type="checkbox"/> Sales
	<input type="checkbox"/> Other (please specify): _____

No

BUSINESS LOAN INFORMATION

<p>Type of business loan this will be:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> General Business →</td> <td><input type="checkbox"/> Working Capital</td> <td><input type="checkbox"/> Equipment/Machinery</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Inventory</td> <td><input type="checkbox"/> Other (please specify): _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Improvements</td> <td>_____</td> </tr> </table> <ul style="list-style-type: none"> <input type="checkbox"/> Artist <input type="checkbox"/> Agriculture <input type="checkbox"/> Tribal Enterprise <input type="checkbox"/> Healthy Foods <input type="checkbox"/> Green/Sustainable <input type="checkbox"/> Community Service Facility <input type="checkbox"/> Commercial Real Estate (square footage): _____ <input type="checkbox"/> Other (please specify): _____ 	<input type="checkbox"/> General Business →	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Equipment/Machinery		<input type="checkbox"/> Inventory	<input type="checkbox"/> Other (please specify): _____		<input type="checkbox"/> Improvements	_____	<p>Loan Amount Requested: \$ _____</p> <hr/> <p>Purpose of the loan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Start-up <input type="checkbox"/> Expansion <input type="checkbox"/> Operations <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> General Business →	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Equipment/Machinery								
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Other (please specify): _____								
	<input type="checkbox"/> Improvements	_____								

¹⁶ In simple terms, revenue is the money earned through sales, services and other means. If you sell a sandwich for \$5, your current gross revenue is \$5, with the term gross meaning the total amount before subtracting such things as the cost of the meat, bread and staff to make and serve the sandwich.

¹⁷ A fiscal year (FY) is a period that a company or government uses for accounting purposes and preparing financial statements. A fiscal year may not be the same as a calendar year, and for tax purposes, the Internal Revenue Service (IRS) allows companies to be either calendar-year taxpayers or fiscal-year taxpayers.

¹⁸ Net profit represents the number of sales dollars remaining after all operating expenses, interest, taxes and dividends have been deducted from a company's total revenue.



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HOW SUSTAINABLE IS YOUR BUSINESS?
PLEASE DESCRIBE IN NARRATIVE FORM THE PURPOSE OF THIS BUSINESS LOAN.

BUSINESS WELL-BEING

IN THE PAST YEAR, HOW HAVE YOU PARTICIPATED IN THE BUSINESS COMMUNITY?	
<input type="checkbox"/> Mentoring other small business owners <input type="checkbox"/> Subcontracting with other local businesses/individuals <input type="checkbox"/> Participating in business networks and organizations (please specify): _____	<input type="checkbox"/> Being mentored by other small business owners <input type="checkbox"/> Donated money to community events or businesses <input type="checkbox"/> Donated products/services to community events or businesses <input type="checkbox"/> Donated or volunteered time or personnel to community events or businesses

IF NOT MENTORING, WOULD YOU BE INTERESTED IN SHARING YOUR BUSINESS KNOWLEDGE FORMALLY WITH OTHER BUSINESS OWNERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT MENTORED, WOULD YOU LIKE TO BE MENTORED BY ANOTHER BUSINESS OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IN THE LAST YEAR, WHEN DID YOU OPERATE THIS BUSINESS?			
<input type="checkbox"/> Full-time/Year round	<input type="checkbox"/> Full-time/Seasonal	<input type="checkbox"/> Part-time/Year round	<input type="checkbox"/> Part-time/seasonal

MY GOAL IN THE NEXT YEAR IS TO OPERATE THIS BUSINESS:			
<input type="checkbox"/> Full-time/Year round	<input type="checkbox"/> Full-time/Seasonal	<input type="checkbox"/> Part-time/Year round	<input type="checkbox"/> Part-time/seasonal

HOW MUCH HAVE YOU WORKED AT THIS BUSINESS IN THE PAST THREE MONTHS?		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/Temporary

PLEASE SCALE YOUR CURRENT LEVEL OF KNOWLEDGE REGARDING THE FOLLOWING BUSINESS PROCESSES AND INDICATE WHETHER OR NOT YOU WOULD LIKE ANY ONE-ON-ONE ASSISTANCE IN ANY OF THESE AREAS.

BUSINESS PROCESS	NOT AT ALL KNOWLEDGEABLE	SOMEWHAT KNOWLEDGEABLE	MODERATELY KNOWLEDGEABLE	VERY KNOWLEDGEABLE	EXTREMELY KNOWLEDGEABLE	NOT APPLICABLE	WOULD YOU LIKE HELP?
Define and clarify the business vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify the target market/customer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify and assess competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Develop a pricing strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Develop and implement a marketing strategy and plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Develop business specific processes and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Analyze business costs and make a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand basic financial statements and projections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sustainability, strategic growth and plans for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Wisconsin Native Loan Fund
 PO Box 580, 705 Peace Pipe Road
 Lac du Flambeau, WI 54538

tel. 715.588.1600
 fax 715.588.3535
<http://winlf.org/>

DO YOU HAVE ANY OTHER COMMENTS, QUESTIONS, OR CONCERNS?

SUPPORTING DOCUMENTS

PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS FOR YOUR BUSINESS LOAN APPLICATION:	
<input type="checkbox"/> Tribal ID or Certificate of Indian Blood <input type="checkbox"/> Copy of driver's license or other form of identification <input type="checkbox"/> Past two years of personal tax returns <input type="checkbox"/> Past two years of business tax returns <input type="checkbox"/> Three month's personal bank statements <input type="checkbox"/> Three month's business bank statements <input type="checkbox"/> Last quarter business financials <input type="checkbox"/> Documentation of business or financial education course completion ¹⁹	<input type="checkbox"/> Business Profit & Loss Statement (see template download) <input type="checkbox"/> Organization chart <input type="checkbox"/> Articles of Incorporation (if corporation) <input type="checkbox"/> Articles of Organization and Operating Agreements (if a Limited Liability Company) <input type="checkbox"/> Partnership Agreement (if Partnership) <input type="checkbox"/> For loans over \$50,001 - business plan (see template download) <input type="checkbox"/> For loans \$50,000 or less - micro-lending business plan (see template download)

LEGAL INFORMATION

HAVE YOU BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR INSOLVENCY PROCEEDINGS OR HAVE PENDING PERSONAL OR BUSINESS JUDGMENTS, UNSETTLED LAWSUITES OR MAJOR DISPUTES? IF YES, ATTACH EXPLANATION.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOUR BUSINESS AND/OR PERSONAL TAXES PAST DUE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE:

Wisconsin Native Loan Fund, Inc. may use this authorization and the information obtained pursuant to this authorization for the purpose of evaluating undersigned's application for assistance under WINLF's Loan Program and for purposes of assuring compliance with Program policies and procedures.

AUTHORIZATION:

I authorize the release of any information (including all documentation and other material) pertinent to eligibility for the participation under WINLF's Loan Program.

PROGRAM INFORMATION ENTITIES:

- | | |
|--|--|
| TANF/W-2 Payments | Federal, State, Tribal or Local Benefits |
| General Assistance Payments | Handicapped Assistance Expenses |
| Child Care Programs | Identity and Marital Status |
| Credit History | Medical Expenses |
| Criminal Activity | Social Security Numbers |
| Family Composition | Residents Rental History |
| Employment, Income, Pensions, and Assets | Credit Bureaus |
| IRS | Welfare Agencies |
| Banks and Other Financial Institutions | Past Employers |

AUTHORIZATION:

I certify that all of the information provided on this application is true. I understand that providing false information is grounds for denial of my application and for a declaration of default in the event an intentional misrepresentation is discovered after the loan closing.

SIGNATURE

DATE

¹⁹ Such as certificate of letter certifying completion.