



**THREE AFFILIATED TRIBES  
MANDAN HIDATSA & ARIKARA NATION  
TAT BUSINESS LOAN  
404 FRONTAGE ROAD  
NEW TOWN, NORTH DAKOTA 58763**

## BUSINESS LOAN APPLICATION

Received Date:

The Mandan Hidatsa & Arikara Nation established the Business Loan Program for the purpose of assisting its membership with short-term loans. The business loan program is a revolving leading program, as borrowers repay their loans, the funds become available for more loans. Maximum funding: \$100,000. with the interest rate at Prime + 1% thereafter reset annually by TBC. Collateral pledged for the loan must be secured with fixed assets or other reasonable collateral, with TAT first lien position. The applicant must show credit worthiness with the tribe.

For any additional questions or concerns, please contact our office at: 701-627-6613 or email [tstarr@mhanation.com](mailto:tstarr@mhanation.com)

### APPLICANT INFORMATION

Applicant Name:		<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>
Date of Birth:	TAT Enrollment No.:	Social Security Number:		Telephone Number:	
<input type="checkbox"/> Married		<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Mailing Address:					
Physical Address:				<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Current Employer:			Address:		
Position or Title:	How Long:	Hourly Wage:	Monthly Gross Income: (before taxes)	Monthly Net Income: (take home)	

### CO-APPLICANT INFORMATION

Co-Applicant Name:		<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>
Date of Birth:	TAT Enrollment No.:	Social Security Number:		Telephone Number:	
Relationship to Applicant:					
Mailing Address:					
Physical Address:				<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Current Employer:			Address:		
Position or Title:	How Long:	Hourly Wage:	Monthly Gross Income: (before taxes)	Monthly Net Income: (take home)	

EXISTING DEBT WITH THREE AFFILIATED TRIBES					
SMALL LOAN	\$	TRIBAL HOUSING	\$		
EDUCATION LOAN	\$	TAT MORTGAGE	\$		
INDEPENDENCE/BUSINESS	\$	OTHER	\$		
COLLATERAL					
List Items you intend to use to Secure the Loan. Collateral must have clear title and updated appraisal.					
ITEM (description) (attach pictures) (year, make, mileage, details)	VALUE (\$)	Appraisal Date	Appraisal Attached? Y/N	Details Attached? Y/N	
	\$				
	\$				
	\$				
	\$				
	\$				
TOTAL		\$			
INCOME INFORMATION					
APPLICANT INCOME	MONTHLY	ANNUAL	CO-APPLICANT INCOME	MONTHLY	ANNUAL
APPLICANT'S SALARY	\$	\$	CO-APPLICANT SALARY	\$	\$
BONUS/COMMISSIONS	\$	\$	BONUS/COMMISSIONS	\$	\$
ALIMONY & CHILD SUPPORT	\$	\$	ALIMONY & CHILD SUPPORT	\$	\$
INVESTMENT INCOME	\$	\$	INVESTMENT INCOME	\$	\$
REAL ESTATE INCOME	\$	\$	REAL ESTATE INCOME	\$	\$
OTHER	\$	\$	OTHER	\$	\$
TOTAL INCOME	\$	\$	TOTAL INCOME	\$	\$
EXPENSE INFORMATION					
HOUSEHOLD EXPENSE	MONTHLY	ANNUAL	BALANCE REMAINING	MATURITY DATE	
RENT/MORTGAGE ON RESIDENCE	\$	\$	\$		
FOOD/CLOTHING	\$	\$	\$		
AUTOMOBILES	\$	\$	\$		
AUTOMOBILES	\$	\$	\$		
ELECTRICITY, WATER, HEAT	\$	\$	\$		
INSURANCE RESIDENCE	\$	\$	\$		
INSURANCE AUTOMOBILES	\$	\$	\$		
PROPERTY TAXES	\$	\$	\$		
OTHER (LOANS WITH TAT)	\$	\$	\$		
OTHER (LOANS WITH TAT)	\$	\$	\$		
TOTAL EXPENSES		\$	\$		

BUSINESS INFORMATION					
Legal Business Name:				Tel. No. (Inc. Area Code)	
Full Address of Business Location:				Tel. No. (Inc. Area Code)	
TERO Business License No.	TAT Business License No.	IRS Tax I.D.		Insurance Policy #, and Name	
Type of Business:			Date Business Established	Number of Employees	
Is your Business? <input type="checkbox"/> New Start Business <input type="checkbox"/> Currently Operating Since: Date: _____ Will this business be your Primary Source of Income? <input type="checkbox"/> Yes <input type="checkbox"/> No					
LOAN PURPOSE					
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		<b>TOTAL LOAN REQUEST</b>			\$
ASSETS					
CURRENT ASSETS			LONG TERM ASSETS		
Cash On Hand		\$	Machinery and Equipment		\$
Accounts Receivable		\$	Vehicles		\$
Inventory		\$	Vehicles/Trucks		\$
Work In Process		\$	Furniture/Fixtures		\$
Prepaid Expenses and Supplies		\$	Other Long Term Assets		\$
Other Current Assets		\$	Other Long Term Assets		\$
<b>Total Current Assets</b>		\$	<b>Total Long Term Assets</b>		\$
LIABILITIES					
CURRENT LIABILITIES	NAME	AMOUNT	LONG TERM LIABILITIES	NAME	AMOUNT
Accrued Interest		\$	Mortgage		\$
Accounts Payable		\$	Real Estate Raw Land		\$
Vehicles/Trucks		\$	Other Long Term Liabilities		\$
Vehicles/Trucks		\$	Other Long Term Liabilities		\$
Other Current Liabilities		\$	Other Long Term Liabilities		\$
Other Current Liabilities		\$	Other Long Term Liabilities		\$
<b>Total Current Liabilities</b>		\$	<b>Total Long Term Liabilities</b>		\$
INCOME AND CASH FLOW					
CASH SOURCE	NAME	YEAR (   )	YEAR (   )	YEAR (   )	YEAR (   )
Income		\$	\$	\$	
Depreciation		\$	\$	\$	
Interest		\$	\$	\$	
Living Expenses		\$	\$	\$	
Other Income		\$	\$	\$	
	<b>TOTAL EXPENSES</b>	\$	\$	\$	

OTHER INFORMATION		
<b>NOTE:</b> Are you a co-signer, Endorser, or Guarantor on any Loan or Contract.		<input type="checkbox"/> Y <input type="checkbox"/> N
Has your co-signer, Endorsed or Guarantor for any other Loans or Contracts		<input type="checkbox"/> Y <input type="checkbox"/> N
IF YES, FOR WHOM?	TO WHOM?	AMOUNT \$
<b>NOTE:</b> NONREFUNDABLE \$50.00 processing fee along with \$20.00 for each credit report will need to be received <b>before any review of Application.</b> THIS FEE Must be paid by Money Order or Cashier Check: <b>Please make Money Order or Cashier Check out to <u>Three Affiliated Tribes, TAT Business Loan, 404 Frontage Road, New Town, ND 58763.</u></b> Other costs such as appraisal costs, filing fees and legal costs will be paid by the borrower.		

ACKNOWLEDGEMENT AND AGREEMENT (Please Initial each agreement box)	
	By Initialing and signing below I certify that EVERYTHING I have stated in this Application and any attachments is correct.
	By signing below I authorize the Three Affiliated Tribes, Business Loan Office, to verify the information provided on this Application, along with receiving information from other Three Affiliated Tribal Departments, Programs and other entities owned or controlled by the Tribe.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
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**Please attach the following documents to your completed Business Application--mail or email to the address below:**

Documents needed with Application
Completed Business Application
Business Plan to include: (2 years Balance Sheet and Income Statement) and Cash Flow for the(Business) and (Personnel/Household)
Two (2) recent Payroll Stubs (from each applicant and co-applicant)
Authorization to Obtain Consumer Credit Report (Signed and Dated)
Personal Federal Tax Returns Two (2) years with W-2's included
Business Tax Returns for the last Two (2) years
MHA Nation Tribal Enrollment Verification
State Driver License
COLLATERAL: to be used to secure loan
Clear Equipment Titles
Appraisals
Clear Land Leasehold
Clear Property Deeds
Title Status Report (TSR) (if applicable) (Appraisal)
IRS Tax I.D. Number
Articles of Incorporation, Partnership Agreement, Articles of Organization or other Organizational Documents, and Corporate or Partnership Resolutions as Applicable
TAT Business License
TERO Business License
Business, Education (Offered by the Tribe or Accredited Agency)
Other Documents as Requested

If applicable, All information must be signed and dated.



## MANDAN, HIDATSA & ARIKARA NATION

*Three Affiliated Tribes*

404 Frontage Road \* New Town, North Dakota 58763-9402

**TAT Finance Loan Programs**  
**404 Frontage Road, New Town, ND 58763**  
**Office (701) 627-4781**

### **Authorization to Obtain Consumer Credit Report**

I hereby authorize the TAT Loan Program(s), its agents or assign to obtain a consumer credit report, as the term is defined in the Fair Credit Reporting Act (FCRA of 1970, as amended (15 U.S. C. Sec. 1681 et seq.)). I understand and agree that my consumer credit report will be used to assist in verifying my residency address, my past and present employment status, bank accounts, stock holdings, and any other asset balances for the purposes of assessing my loan application. I understand that the report will be retained on file TAT Loan Program(s) and that the information will not be disclosed to anyone without my prior written consent.

I understand and agree that my consumer credit report will not be the determinative factor as to evaluating my financial readiness for buy/refinance my loan; however, it is one factor that will be considered.

<b>Applicant's Name: (Please print)</b>		<b>Co-Applicant's Name: (Please print)</b>	
<hr/>		<hr/>	
<hr/>	<hr/>	<hr/>	<hr/>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<b>Address, City, State, Zip</b>		<b>Address, City, State, Zip</b>	
<hr/>		<hr/>	
<b>Applicant's Signature</b>	<b>Date</b>	<b>Applicant's Signature</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>	<hr/>

**Privacy Act Notice:** The information to be obtained will be used by the lender, its agents or assigns, and any federal agency insuring, guaranteeing, or purchasing the loan to determine whether you qualify as prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender or the federal agency without your consent except to the person or company verifying the information including, but not limited to, your employer, bank, lender, and any other credit reference as needed to verify other credit information as permitted by law. You do not have to give us this information but if you do not, your loan application may be delayed or rejected. The information we will obtain is authorized by Title 38, U.S.C., Chapter 37 (if VA); and 12 U.S.C., Section 17901 et seq. (if HUD/FHA).

Right to Financial Privacy Act Certification (Exhibit B)

The Department of Housing and Urban Development certifies, in compliance with the right to financial Privacy Act of 1978 that in connection with this request for access to financial records.