



OWECASO OTIPI FINANCIAL

PO Box 1996, Pine Ridge, SD 57770

tel (605) 867-1018 fax (605) 867-1002 [www.mazaskacdfi.org](http://www.mazaskacdfi.org)

### MORTGAGE LOAN CHECKLIST

- Completed Loan Application
- Authorization to Release Information
- Personal Release Form
- Application Fee (\$75.00 Mortgage)
- Financial Literacy Certificate
  - Yes, copy of certificate enclosed
  - No, date when attending class \_\_\_\_\_
- Homebuyer Certificate
  - Yes, copy of certificate enclosed
  - No, date when attending class \_\_\_\_\_
- Tax Returns – last 2 years
- Verification of Employment – last 2 paystubs
- Verification of Bank Balance – mortgage product only
- Tribal ID / State ID Copy
- Project Budget
- Purchase Agreement/Contract/Estimate
- Construction Bids (3 bids) (if applicable)
- Leasehold Mortgage for 25 yrs with option to renew (TSR)
- Copy of Deed (if applicable)
- Appraisal Report or Tax Value
- Homeowner Insurance Estimate
- Tier 2: Environmental Review (if applicable)

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**LOAN APPLICATION**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

OST Enrollment #: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Applicant Name (if applicable): \_\_\_\_\_

OST Enrollment #: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ # of yrs at this address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (Route #, Milepost #, etc): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Veteran: Yes or No

Are you Head of Household? \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**LOAN REQUEST**

Amount of Loan Requested \$: \_\_\_\_\_ Amount of Down Payment/Equity \$: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

***Use of Loan Proceeds (check one):***

- |                              |                          |                   |                          |
|------------------------------|--------------------------|-------------------|--------------------------|
| Homeowner Credit Opportunity | <input type="checkbox"/> | Home Construction | <input type="checkbox"/> |
| Home Purchase                | <input type="checkbox"/> | Credit Builder    | <input type="checkbox"/> |
| Home Rehabilitation          | <input type="checkbox"/> |                   |                          |

**EMPLOYMENT AND INCOME**

Present Employer: \_\_\_\_\_ # of yrs there: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Position/title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per month (gross) \$ \_\_\_\_\_ per month (net, after tax)

Present Employer: \_\_\_\_\_ # of yrs there: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Position/title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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*(Co-Applicant, if applicable):*

Present Employer: \_\_\_\_\_ # of yrs there: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Position/title: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Salary: \$\_\_\_\_\_ per month (gross) \$\_\_\_\_\_ per month (net, after tax)

Present Employer: \_\_\_\_\_ # of yrs there: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Position/title: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Other Sources of Income *(you are not required to list alimony or child support unless you want them considered for repayment ability):*

Amount of Other Income \$: \_\_\_\_\_ Sources of Other Income: \_\_\_\_\_

Do you receive TANF? \_\_\_\_\_ Food Stamps? \_\_\_\_\_ Other \_\_\_\_\_

Is any income listed in this section likely to be reduced in the next two years? Yes or No Explain: \_\_\_\_\_

**CREDIT INFORMATION**

Please list three credit references:

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

**COLLATERAL**

Please list the items available for collateral for this loan. Collateral value should be equal to or more than the loan amount requested. Items that you can use for collateral include: vehicles and equipment with clean titles and no liens; farm/ranching equipment; and other personal property. In most cases, Mazaska will place a mortgage on your house or mobile home to secure the loan.

Collateral Description	Physical Location of Collateral	Estimated Value (value less any lender liens)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**APPLICATION FEE**

Mazaska Owecaso Otipi Financial 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 Rehab/Credit Builder Loan (\$25.00)**

**DATE RECEIVED**  
\_\_\_\_\_

**APPLICATION FEE Mortgage Loan (\$75.00)**

**DATE RECEIVED**  
\_\_\_\_\_

**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. In understand that should my loan be approved, prior to closing Mazaska Owecaso Otipi Financial will charge a Closing Fee of 1% of the loan amount. Additionally, any third party costs incurred by Mazaska Owecaso Otipi Financial 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**

\_\_\_\_\_  
**Mazaska's Loan Officer**

\_\_\_\_\_  
**Date**

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants or recipients on the basis of ethnicity, race, and gender. 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, the provider of the requested assistance is required to note the ethnicity, race and gender of the applicant on the basis of visual observation or surname.

\_\_\_\_\_ I do not wish to furnish this information.  
(Please check)

**ETHNICITY:**  
Hispanic \_\_\_\_\_  
Non-Hispanic \_\_\_\_\_

**RACE:**  
Native American \_\_\_\_\_  
Asian \_\_\_\_\_  
African American \_\_\_\_\_

Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_  
Other \_\_\_\_\_

**GENDER:**  
Male \_\_\_\_\_  
Female \_\_\_\_\_

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### PERSONAL FINANCIAL STATEMENT

Checking / Savings Accounts	Name of Account Holder	Institution	Account #	Balance
Checking				
Savings				
Other -				
<b>TOTAL CASH - CHECKING/SAVINGS: \$ _____</b>				

Credit Accts.	Creditor	Address	Monthly Payment	Account Number	Account Balance
Car Loan					
Bank Loan					
Tribal Loan					
Credit Card					
Other -					
Other -					
<b>TOTAL MONTHLY PAYMENT: \$ _____</b>			<b>TOTAL OUTSTANDING: \$ _____</b>		

MONTHLY INCOME	
Borrower's Salary	
Spouse's Salary	
Bonus/Commissions	
Alimony/Child Support ( <i>not required</i> )	
Investment Income	
Real Estate Income	
Other -	
<b>TOTAL MONTHLY INCOME \$ _____</b>	

LIVING EXPENSES	
Rent / Mortgage	
Groceries, household supplies, toiletries	
Fuel (Gas, oil, propane, wood)	
Electricity/Water/Sewer	
Telephone/Cell Phone	
Insurance premiums	
Alimony/Child Support	
Child Care	
Other	
<b>TOTAL MONTHLY EXPENSE \$ _____</b>	

**MONTHLY DISPOSABLE INCOME \$ \_\_\_\_\_**

*(Monthly income less 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 \_\_\_

*If yes, please use a separate piece of paper to explain.*

I represent and warrant that Mazaska Owecaso Otipi Financial 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

\_\_\_\_\_  
Spouse's Signature  
*(Only if spouse is co-applicant on loan)*

\_\_\_\_\_  
Date