



CUSTOMER INFORMATION FORM

Getting to Know You: Four Bands Community Fund would like to better understand how we can best serve your needs. Personal and financial information supplied on this form will be used to evaluate and track services provided to you while you are a customer of Four Bands. If you have questions about items on this form or are not sure if questions apply to you, a member of our staff can address your questions when you meet in person.

GENERAL INFORMATION

Date you complete form: _____ Social Sec. No.: _____ - _____ - _____

Name: _____ Date of Birth: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Physical Address/Location of Home (if different from mailing address):

Address: _____ Apt #: _____

City: _____ Community: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Tribal Membership (if applicable): ☐ Cheyenne River Sioux Tribe ☐ Other Tribe (please specify) _____
Enrollment # _____

Are you a veteran? ☐ No ☐ Yes Branch _____

Highest Level of Education Completed:

- ☐ Primary School ☐ Some High School, not completed ☐ Graduated College (4 year)
☐ High School Diploma or GED ☐ Some College, not completed ☐ Attended Graduate School

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: ☐ Female ☐ Male Ethnicity: (Mark Only One) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ Native American ☐ Caucasian ☐ Pacific Islander ☐ Asian

(Mark One) ☐ African American ☐ Other (please specify) _____

Or More)

For Office Use Only: Gender, ethnicity, and race information above was provided by:

☐ Applicant

☐ Four Bands Staff

EMERGENCY CONTACT INFORMATION

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Home Phone: _____ Cell Phone: _____

Street: _____ City: _____ State _____ Zip _____

HOUSEHOLD INFORMATION

“Household” includes: 1.) your financial dependents—for example, your dependent children, 2.) anyone you depend on financially—for example, your parents, or 3.) anyone you are financially interdependent with—for example, your spouse or partner. Your “household” may or may not be the same as the people you live with.

How many adults (18 yrs and older) currently live in participant’s household: _____

How many children (under 18 yrs) currently live in participant’s household: _____

Applicant’s marital status: ☐ Single ☐ Married ☐ Separated

What is the primary language spoken in your household? _____

If it is not English, is English also spoken? ☐ Yes ☐ No

INCOME INFORMATION

Income of all household members - please list *gross income* (before taxes):

<u>Category</u>	<u>Typical Month</u>
Formal Employment (<i>wages – hourly rate x number of work hours per month</i>)	\$ _____
Self-Employment (<i>selling things you make, providing services to others</i>)	\$ _____
Government Assistance (<i>TANF, Food Stamps, SSI, Social Security, Vocational Rehabilitation, Unemployment or Veterans’ Benefits</i>)	\$ _____
Pensions or Retirement Income	\$ _____
Child Support or Alimony Payments	\$ _____
Friends or Family	\$ _____
My Business	\$ _____
Other (please specify): _____	\$ _____

EMPLOYMENT INFORMATION

Primary Employment Status (*choose one*):

- | | |
|--|---|
| <input type="checkbox"/> Employed more than full-time (<i>overtime or more than one job, for yourself or others</i>) | |
| <input type="checkbox"/> Employed full-time (<i>for yourself or others</i>) | <input type="checkbox"/> Employed part-time (<i>for yourself or others</i>) |
| <input type="checkbox"/> Currently seeking employment | <input type="checkbox"/> Working plus attending school or job training |
| <input type="checkbox"/> Homemaker, not seeking employment | <input type="checkbox"/> Laid off, waiting to be called back |
| <input type="checkbox"/> Disabled, not seeking employment | <input type="checkbox"/> Retired, not seeking employment |

Current Employer: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Job Title: _____ Length of time on job: _____

PERSONAL INFORMATION

Please specify the programs where you can use assistance or are interested in:

- ☐ Business Classes – CREATE ☐ Business Loan Program ☐ Marketing Assistance
☐ Business Quarterly Seminars ☐ Business Success Coaching ☐ Youth Entrepreneurship
☐ Consumer Education/Financial Mgmt ☐ Individual Development Account ☐ I'm Not Sure
☐ Other (please specify): _____

Are you interested in starting a business? ☐ Yes ☐ No

If yes, do you already have a business plan? ☐ Yes ☐ No

Have you ever owned a business before? ☐ Yes ☐ No

Are you interested in expanding an existing business? ☐ Yes ☐ No

If yes, what is the name of your business? _____

Where is your business located? _____ How many employees do you have? _____

What products or services do you provide? _____

What were your gross sales last year? \$_____ What were your net sales last year? \$_____

What are your three biggest concerns or needs around starting or expanding your business?

1.) _____

2.) _____

3.) _____

CUSTOMER CERTIFICATION

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: ____/____/____

People seeking services who are under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in Four Bands programs and services.

Signature: _____ Date: ____/____/____ Relationship to minor: _____

For Office Use Only

Date Customer Information Form Received: ____/____/____ Information Form Reviewed By: _____

Date Customer Met with Four Bands Staff ____/____/____ Staff Who Met with Customer _____

Customer Start Date: ____/____/____ Date Paper File Established ____/____/____ Date Data Entered in TEA ____/____/____



I have applied for assistance or obtained a loan from Four Bands Community Fund, Inc. (FBCF). As part of the process, FBCF 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 FBCF for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, 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 FBCF to order a consumer credit report and verify other credit information.

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

The information FBCF obtains is only to be used in the processing of my request for assistance.

A copy of this authorization may be accepted as an original.

Full Name: _____ (Jr., Sr., I, II)
(Please Print)

Present Address: _____
City State Zip

(If < 6 months at above)

Previous Address: _____
City State Zip

SS#: _____ - _____ - _____ Date of Birth: ____/____/____

Signature

Date