

Cook Inlet Lending Center Grants Application



I am applying for:

Alaska Native and American Indian (ANAI) Grants:

Home\$tart

ANAI-IDA

NAHI

Please read, understand and agree to the Terms and Conditions of this application before signing. Carefully review and complete all sections of this application.

Applicant General Information

Applicant Name:		Sex: M F
Social Security Number:		Date of Birth:
Phone Number:	Email:	
Education Level:	Are you the head of the household? Yes No	
Present Address:		
Length of time at address:		Monthly Rent:
Landlord/ Company Name:		Telephone:
Landlord/ Company Address:		
Primary Employer:		Number of hours per week:
Work Address:		
Position/ Title:		Work Number:
Date of Hire:		How long in this position?
Monthly Gross Income \$	Pay Period: Weekly Bi-Weekly Monthly Other _____	
Supervisor's Name:		Phone Number:
Other Income/ Second Employer:		Number of hours per week:
Position/ Title:		Date of Hire:
Monthly Gross Income \$	Pay Period: Weekly Bi-Weekly Monthly Other _____	

What is your Marital Status?

Single Married Separated Divorced Widowed Other: _____

What is your race/ethnicity?

African American Asian American/Pacific Islander Caucasian Other _____

Hawaiian/Pacific Islander Hispanic Native American/Alaska Native

If Alaska Native/Native American, what is your regional/village corporation or tribal affiliation:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> CIRI Shareholder | <input type="checkbox"/> CIRI Decscendant | <input type="checkbox"/> Ahtna | <input type="checkbox"/> Aleut |
| <input type="checkbox"/> Arctic Slope | <input type="checkbox"/> Bering Straits | <input type="checkbox"/> BBNC | <input type="checkbox"/> Calista |
| <input type="checkbox"/> Chugach | <input type="checkbox"/> Doyon | <input type="checkbox"/> Koniag | <input type="checkbox"/> NANA |
| <input type="checkbox"/> Sealaska | <input type="checkbox"/> 13th Region | <input type="checkbox"/> Other AK Native | <input type="checkbox"/> American Indian |

Co-Applicant

Please read, understand and agree to the Terms and Conditions of this application before signing. Carefully review and complete all sections of this application.



General Information

Co-Applicant Name:		Sex: M F
Social Security Number:		Date of Birth:
Phone Number:	Email:	
Education Level:	Are you the head of the household? Yes No	
Present Address:		
Length of time at address:		Monthly Rent:
Landlord/ Company Name:		Telephone:
Landlord/ Company Address:		
Primary Employer:		Number of hours per week:
Work Address:		
Position/ Title:		Work Number:
Date of Hire:		How long in this position?
Monthly Gross Income \$	Pay Period: Weekly Bi-Weekly Monthly Other _____	
Supervisor's Name:		Phone Number:
Other Income/ Second Employer:		Number of hours per week:
Position/ Title:		Date of Hire:
Monthly Gross Income \$	Pay Period: Weekly Bi-Weekly Monthly Other _____	

What is your Marital Status?

Single Married Separated Divorced Widowed Other: _____

What is your race/ethnicity?

African American Asian American/Pacific Islander Caucasian Other _____
 Hawaiian/Pacific Islander Hispanic Native American/Alaska Native

If Alaska Native/Native American, what is your regional/village corporation or tribal affiliation:

CIRI Shareholder CIRI Decscendant Ahtna Aleut
 Arctic Slope Bering Straits BBNC Calista
 Chugach Doyon Koniag NANA
 Sealaska 13th Region Other AK Native American Indian

Household General Information

Please list all the members of your household, including spouse, along with their Income/ Employment information.



Full Name	Relationship	Date of Birth	Income/ Employment

List any additional household member's on a separate piece of paper

Total Number in Household _____

Household Income & Net Worth

Yes	No	Unearned Income Type	Monthly Amount	Annual Amount
		Alimony		
		Child Support		
		SSI/SSDI		
		Food Stamps		
		Corporation Dividends		

Assets

Yes	No	Asset Type	Value	Balance Due
		Checking Account Balance's		
		Savings Account Balance's		
		Children's Accounts Balance's		
		Investments - 401K, IRA, Stocks, Other		
		Business Ownership		
		Principal Residence		
		Other Real Estate		

Liabilities/Unpaid Bills

Yes	No	Unpaid Bills Type	Unpaid Balance's
		Auto Loan(s)	
		Credit Card(s)	
		Student Loan(s)	
		Medical Bill(s)	
		Personal Loan(s)	
		Payday Loan(s)	
		Outstanding Bills Past Due	
		Any Other Liabilities /Unpaid Bills	



What is your Primary Mode of Transportation?

Car/Truck Bus Taxi Walking Other_____

What times are you available to attend required classes, meetings or appointments?

Day Time_____ Evening Time_____ Saturday Time_____

Do you have any barriers to attending classes, meetings or appointments? *Example: Childcare, work schedule, and such?*

Yes No If yes, explain, _____

How did you learn about our programs?

Flyer/ Brochure Client Referral Partner Referral Website Family/ Friend
 Event/ Show Facebook Other_____

Documentation Required

Please submit the following for all adult (18+) household members:

Note: Based on which program you apply for more information may need to be collected.

- ID
- SSN Card
- Tribal Enrollment Certificate/Card (if applicable)
- 2 years Tax Returns/ Profit and Loss statements
- 2 years W-2's and 1099's (if applicable)
- 4 most recent paystubs
- 3 months of bank statements
- Current retirement statement

After all documents are collected, submit documents with your grants application completed/signed and dated in person, by mail, email or fax to CILC.

3600 Spenard Road, Suite 100, Anchorage AK 99503 Phone (907) 793-3058 Fax 907-793-3079 Email info@cookinletlending.com

Appointment Information

After your application has been reviewed and approved for enrollment into the program, Cook Inlet Lending Center will notify you and schedule an orientation/enrollment appointment to complete the program paperwork, and discuss the next steps in the program.

Note to Applicant: This is an asset-building initiative designed to help families/individuals prepare for successful home ownership. CILC, its agents, partners and funders do not discriminate on the basis of race, color, sex, age, religion, national origin, disability or familial status.

I understand the above information will be kept confidential. I certify that all statements made on this application are true to the best of my knowledge.

X _____ Date: _____
Applicant's Signature

X _____ Date: _____
Co-Applicant's Signature