



Nipissing First Nation
SMALL BUSINESS LOAN APPLICATION

APPLICANT INFORMATION

Name:		
Date of Birth:		Phone:
SIN:		Status #:
Current address:		
City:	Province:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of Birth:		Phone:
SIN:		Status #:
Current address:		
City:	Province:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

MORTGAGE COMPANY

Account no.:	Address:
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CREDIT CARDS

Name	Account no.	Current balance	Monthly payment



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AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I authorize Nipissing First Nation to verify the information provided on this form as to my credit and employment history.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date