Lummi Community Development Financial Institution, 501 (c) (3)
4920 Rural Avenue
Ferndale, WA 98248
(360)594-6004

Getting to Know You: The Lummi Community Development Financial Institution would like to know 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 Lummi CDFI. If you have questions about items on this form or are unsure if questions apply to you, a member of our staff can address your questions when you meet in person.

General Intake

General Information

Name:		DOB:	SSN:
Address:			
City:	State:	Zip:	County:
Phone Number:		Alternate Phone Number:	
E-Mail:		What is the best way to contact you? ☐Phone ☐E-Mail ☐Mail	

Personal Information

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐ Widowed

Tribal Affiliation

Are you enrolled in a federally recognized tribe? ☐Yes ☐No

Which tribe are you enrolled in?

Tribal ID #:

Veteran Status

Have you ever served in the United States Military? ☐Yes ☐No

-If so, which branch?

Disability Status

Are you disabled? ☐Yes ☐No

Education	**Employment Status**
Please indicate your highest level of education	*Please indicate your current employment status*
☐Elementary School ☐Middle School ☐High School ☐GED ☐Trade School ☐Some College ☐Associate's Degree ☐Bachelor's Degree ☐Graduate School ☐Doctorate **Are you currently a student?** ☐Yes ☐No	☐Employed, Full-time ☐Self-employed, Full-time ☐Employed, Part-time ☐Self-employed, Part-time ☐Seasonally employed ☐Self-employed, Seasonal ☐Unemployed, not seeking work ☐Unemployed, seeking work ☐Retired, not seeking work ☐Disabled, not seeking work **Are you a Displaced Worker?** ☐Yes ☐No

Government Reporting Information

*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 provide 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 provide it, we are required to note the race and ethnicity of applicants based on visual observation or surname. If you do or do not wish to provide this information, please check the box below.

☒**I do not wish to provide the following information**
☐**I will provide the following information**

Gender: ☐Male ☐Female ☐Other (Please Specify): _____

Race: ☐White ☐Asian ☐Native American ☐African American ☐Pacific Islander ☐Other (*Please Specify*): _____

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino ☐Other *(Please Specify):*_____

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Household Information

***"Household"** includes anyone you share income and expenses with, including: **1.)** your financial dependents (for example, your dependent children); **2.)** anyone you depend on financially, (for example, your parents); **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.
Individuals in your household are people, including children, that share income and expenses in your house

Are you (the applicant) head of household? ☐Yes ☐No

Do you own or rent your home? ☐Own ☐Rent ☐Live with Friends/Family

Monthly payment/rent: $_____

If you do not own your home, is it your goal to own a home? ☐Yes ☐ No

How many people live in your household (total)? _____

How many of these individuals are adults (18 and older)? _____

How many of these individuals are children (under 18)? _____

Government Assistance

Do you or anyone else in your household receive government assistance? ☐Yes ☐No

-If yes, what type of assistance is being received? (Please check all that apply):

☐TANF ☐EBT(Food Stamps) ☐Social Security ☐SSI ☐Unemployment ☐Vocational
☐GA ☐CSP (Commodities) ☐Rehabilitation ☐Veteran Benefits ☐Other: _____

Financial Information

Do you file taxes every year? ☐Yes ☐No
-If not, did you file taxes last year? ☐Yes ☐No
Do you have a monthly budget? ☐Yes ☐No
Do you know your credit score? ☐Yes ☐No
Would you rate your credit history as satisfactory? ☐Yes ☐No
Would you rate your ability to pay back the money you owe as satisfactory? ☐Yes ☐No
Do you have a Checking Account? ☐Yes ☐No
Do you have a Savings Account in a bank? ☐Yes ☐No
Do you have savings set aside? ☐Yes ☐No
-If so, how much did you put into savings last year? $ _____
Do you use a pre-paid debit card for purchases? ☐Yes ☐No
Do you know what Predatory Lenders are? ☐Yes ☐No
Do you currently use Predatory Lenders and/or Payday Loans? ☐Yes ☐No
Do you have loans and/or credit cards with higher than 15% interest? ☐Yes ☐No
-If yes, how many loans and/or credit cards do you have that are above 15% _____
Do you have any outstanding LCDFI Loans? ☐Yes ☐No
Do you have income from fishing? ☐Yes ☐No
-If yes, how much for the last three years? Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____
Do you have fish taxes withheld? ☐Yes ☐No
-If yes, how much for the last three years? Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____
Do you have any court fines? ☐Yes ☐No
-If so, how much?
Do you owe child support? ☐Yes ☐No
-If so, how much?

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Personal Asset Growth

Please answer, to the best of your ability, to which degree you agree or disagree with the following questions:

Assess Spending	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can track my spending	☐	☐	☐	☐	☐
Prepare and live by my budgets	☐	☐	☐	☐	☐
I have a checking/savings account & track their balances	☐	☐	☐	☐	☐
Pay bills on time, using cash or checks- not credit cards	☐	☐	☐	☐	☐
Build Credit and Experience to Grow Assets	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Obtain a copy of my credit report annually	☐	☐	☐	☐	☐
Avoid actions that damage my credit	☐	☐	☐	☐	☐
Take actions that improve my credit score	☐	☐	☐	☐	☐
Calculate the cost of using credit	☐	☐	☐	☐	☐
Make more than the minimum payment on outstanding loans	☐	☐	☐	☐	☐
Create Assets and New Opportunities	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Regularly put money into my savings	☐	☐	☐	☐	☐
Use low interest loans for asset-producing goals	☐	☐	☐	☐	☐
Tax returns are filled out and filed every year	☐	☐	☐	☐	☐

Family, Community, and Cultural Security **Please answer to what degree you agree or disagree the following statements*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am satisfied with the physical condition of my home	☐	☐	☐	☐	☐	☐
I am satisfied with my support network and system	☐	☐	☐	☐	☐	☐
I feel my children are safe in my community	☐	☐	☐	☐	☐	☐
I feel that I am able to live to my full potential	☐	☐	☐	☐	☐	☐
I have a clear vision of what I want my family's future to look like	☐	☐	☐	☐	☐	☐
Improving my family's standard of living in the future is important to me	☐	☐	☐	☐	☐	☐
I fully understand and appreciate the need to save and invest in the future.	☐	☐	☐	☐	☐	☐
I have the necessary knowledge to set realistic financial goals for my family.	☐	☐	☐	☐	☐	☐
I share financial knowledge with other family members.	☐	☐	☐	☐	☐	☐
I share financial knowledge with other community members.	☐	☐	☐	☐	☐	☐
I refer other community members to LCDFI programs.	☐	☐	☐	☐	☐	☐
I participate in community events.	☐	☐	☐	☐	☐	☐
I am knowledgeable about my culture.	☐	☐	☐	☐	☐	☐
I participate in cultural events.	☐	☐	☐	☐	☐	☐

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Business Services

If you are not applying for services or program assistance with regards to a current or future business, you are finished with the personal information section of this intake. Please skip to the final page, read and sign the section titled: "*Customer Agreements and Certifications*".

****The following section is only for business owners or those who are looking to establish a business.** If you are a current business owner or a potential business owner, and are seeking services or program assistance in relationship to your business, please provide the following information.

Business Information

Do you currently own a business? ☐Yes ☐No

New Business Applicants

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

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

What are you biggest concerns in starting a new business?

1.) _____

2.) _____

3.) _____

Current Business Owners

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

-If yes, please provide the following information regarding your business:

Business Information

Business Name:			
Address:			**Phone Number:**
City:	**State:**	**Zip:**	**Business E-mail:**
Tribal or State Business License Number:			
How long have you owned this business?		**How many Businesses have you owned?**	
How many Full-time employees do you currently have?		**How many Part-time employees do you currently have?**	
What products/services does your business provide? (*Please explain below*)			
What were your gross sales last year? $		**What were your net sales last year?** $	

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

1.) _____

2.) _____

3.) _____

Business Assessment-Please answer the following questions about your business

My Business profits have _____ in the past year: ☐ Declined ☐ Increased ☐ Stayed the Same

-If they have changed, how much have they increased or decreased since last year? $_____

My business, last year: ☐ Provided ☐ Decreased Jobs ☐ Provided the same amount

-If increased from last year, what type of positions were they? ☐ Full-time ☐ Part-time ☐ Seasonal

-How many of each position was created? Full-time: _____ Part-time: _____ Seasonal: _____

-If decreased from last year, what types of positions were they? ☐ Full-time ☐ Part-time ☐ Seasonal

-How many of each position was decreased? Full-time: _____ Part-time: _____ Seasonal: _____

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Business Information, Continued

As an entrepreneur, what does satisfaction mean to you?

How satisfied are you currently as an entrepreneur?

☐ Very Dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very Satisfied

-Please explain:

*The purpose of the following assessment is to aid the Lummi Community Development Financial Institution in assessing and supporting your progress towards achieving your goals. As a result of this assessment, LCDFI Staff will determine your needs to help you reach a level where you will be ready to apply for a small business loan.

Business Growth

Please answer, to the best of your ability, to which degree you agree or disagree with the following questions:

Business Plan	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am able to define legal and management structure	☐	☐	☐	☐	☐
I know what a mission statement is	☐	☐	☐	☐	☐
I have created a business plan	☐	☐	☐	☐	☐
I can complete administrative and regulatory paperwork	☐	☐	☐	☐	☐
I can obtain a business lease for my business location	☐	☐	☐	☐	☐
Understanding your business numbers	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can establish personnel and management structure	☐	☐	☐	☐	☐
I can establish accounting/bookkeeping systems	☐	☐	☐	☐	☐
I conduct regular analysis of my business balance statements	☐	☐	☐	☐	☐
I can define credit and debit	☐	☐	☐	☐	☐
Periodically identify cost savings through energy efficiency	☐	☐	☐	☐	☐
Apply environmentally friendly practices in operations	☐	☐	☐	☐	☐
Managing business growth and marketing	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I know to analyze my environment for opportunities & threats	☐	☐	☐	☐	☐
I can identify what marketing is	☐	☐	☐	☐	☐
I know how to implement a marketing strategy	☐	☐	☐	☐	☐
Managing employees	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My business is ready to start hiring new employees	☐	☐	☐	☐	☐
I have knowledge of employee hiring laws	☐	☐	☐	☐	☐
I have created/generated employee hiring forms	☐	☐	☐	☐	☐
I know about employee contracts/benefits/policies	☐	☐	☐	☐	☐
Financing your business	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can identify the goals for my business	☐	☐	☐	☐	☐
Debt Financing	☐	☐	☐	☐	☐
Equity Financing	☐	☐	☐	☐	☐
Assessing Business Risk	☐	☐	☐	☐	☐
I know about investing into labor/equipment/expansion	☐	☐	☐	☐	☐

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Values and culture	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I know how to do a one-minute integrity check	☐	☐	☐	☐	☐
I always try to make the right decision	☐	☐	☐	☐	☐
I know about a culture of character	☐	☐	☐	☐	☐
Identify the gifts of character	☐	☐	☐	☐	☐
Making moral choices	☐	☐	☐	☐	☐

Customer Certifications and Agreements

Evaluation Agreement:

I understand that LCDFI will contact me regularly to update my information for up to 5 years or as long as I remain an active client. I understand this information is voluntary and confidential, and helps LCDFI support my progress and obtain resources to provide services for entrepreneurs in my community. My signature below certifies that I will provide true and complete answers to the best of my knowledge.

Information and Photo Release:
As part of being a Lummi CDFI member/client receiving financial technical assistance and products/services, I understand Lummi Community Development Financial Institution can use photographs, videos, or other information of my business or myself for purposes of describing success stories and lessons learned to CDFI funders, partners, or general public by means of websites, newspapers, brochures, or other marketing techniques, in which I knowingly authorize and give permission to Lummi CDFI to use.

My signature below certifies my agreement with the above statement and confirms that all information provided in this intake is accurate and complete to the best of my knowledge.

_____ _____

Signature **Date**

_____

Name (printed)

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Staff Use Only				
Date Received:	**Received By:**			
Credit Score Average:	**Credit Scores:**			
Which services is the customer interested in participating in? **Recommendations:**				
Loan Officer Signature:				