



OWECASO OTIPI FINANCIAL

PO Box 1996, Pine Ridge, SD 57770

tel (605) 867-1018 fax (605) 867-1002 www.mazaskacdfi.org

INTAKE FORM

Mazaska Owecaso Otipi Financial (Mazaska) would like to better understand how we could provide you the best services possible. The personal and financial information you provide on this form will be used to assess and support your progress while you are a customer of Mazaska. All information is voluntary, confidential, and helps us continue to receive support from our contributor's and funders. Please fill out as completely as possible; a member of our staff is available to answer any questions you may have. Thank you.

Form with sections: GENERAL INFORMATION, PERSONAL INFORMATION, EDUCATION, HOUSEHOLD INFORMATION. Includes fields for Applicant, Mailing Address, Home/Work Phone, Tribal Affiliation, Education level, Marital Status, and Household Size.

**EMPLOYMENT INFORMATION**

**(Please check all that apply, part-time is defined as less than 35 hrs./week)**

- Employed Full Time
- Employed Part Time
- Self Employed
- Currently Seeking Employment
- Not Seeking Employment
- Disabled, not seeking employment
- Retired, not seeking employment

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Length Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

**INCOME INFORMATION**

Please provide gross income (before taxes) from all individuals in your household

Monthly Income (employment) \$ \_\_\_\_\_

Other Monthly Income (government assistance, retirement etc.) \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

**PRELIMINARY NEEDS ASSESSMENT**

Do you have a checking or savings account?  Yes  No

Do you have a household budget?  Yes  No

Do you know your credit score?  Yes  No

Are you interested in purchasing a home?  Yes  No

Have you ever owned a home?  Yes  No

Do you currently own a home or rent?  Own  Rent  Other

What is your biggest concern or needs around purchasing a home?

\_\_\_\_\_

**MAZASKA'S PROGRAMS & SERVICES**

**(Please specify the programs and services you are interested in, check all that apply)**

- Credit Education
- Homeownership Education
- Home Maintenance Education
- Other (please specify): \_\_\_\_\_
- Green Building Techniques
- Foreclosure Prevention
- Credit Builder Loan
- Home Improvement Loan
- Home Loan
- I'm Not Sure

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 the information, Mazaska Owecaso Otipi Financial is required to note the ethnicity, race, and gender of individual applications on the basis of visual observation or surname.

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:  Hispanic  Non-Hispanic

Race:  Native American

Caucasian

Pacific Islander

Asian

African American

Other \_\_\_\_\_

**FOR OFFICE USE ONLY**

Gender, ethnicity, and race information above was provided by:  Applicant  Mazaska Staff Member

**CUSTOMER CERTIFICATION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN SIGNATURE (FOR PERSONS UNDER 18)**

My signature below certifies that I am a parent or guardian of the minor, and I consent to his/her participation in Mazaska Owecaso Otipi Financials programs and services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Minor

**FOR OFFICE USE ONLY**

Date Received:		Date Entered (TEA):		Reviewed by: (Staff Initials)	
HUD LMI: <input type="checkbox"/> Extremely Low (30%) <input type="checkbox"/> Very Low (50%) <input type="checkbox"/> Low (80%)			HHS Level: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200%		
Personal Release Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Release Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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**PERSONAL RELEASE FORM**

I, the undersigned, hereby grant permission to Mazaska Owecaso Otipi Financial, Inc., to Photograph/videotape me and to record my voice, speeches, performances, poses, acts, plays and appearances, and use my picture, photograph, silhouette and other reproductions of my physical likeness and sound as part of our marketing and PR programs, including websites and the unlimited distribution, advertising, promotion, exhibition and exploitation of said websites and marketing material by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exhibited and/or exploited.

I agree that I will not assert or maintain against you, your successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights or publicity or civil rights, or for any other reason in connection with your authorized use of my physical likeness and sound in the material as herein provided. I hereby release you, your successors, assigns and licensees, and each of them, from and against any and all claims, liability, demands, actions, cause of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall, or hereafter have by reason, matter, cause or thing arising out of your use as herein provided.

I affirm that I, nor anyone acting for me, gave or agreed to give anything of value to any of your employees or any representatives of any organization or entity for arranging my appearance in your material or on the websites.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address City State Zip

**PARENT/GUARDIAN SIGNATURE (FOR PERSONS UNDER 18)**

My signature below certifies that I am a parent or guardian of the minor, and I consent to his/her participation in Mazaska Owecaso Otipi Financials programs and services.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Relationship to Minor



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**AUTHORIZATION TO RELEASE INFORMATION**

I have applied for assistance or obtained a loan from Mazaska Owecaso Otipi Financial, Inc. (Mazaska). As part of the process, Mazaska 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 Mazaska 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.
- Past and present residential locations and addresses.
- Other consumer credit references.

I further authorize Mazaska to order a consumer credit report and verify other credit information. I acknowledge that this credit report request will appear on my record and is done in this way to receive my credit score and full report.

I understand that under the Right to Financial Privacy Act of 1978, 12 USC 3401, et seq., Mazaska 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 Mazaska without further notice or authorization, but will not be disclosed or released by Mazaska to any other person or agency without my written consent except as required or permitted by law.

The information Mazaska 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.

_____	_____
Print Name	Last 4 digits of SSN

_____	_____	_____	_____
Address	City	State	Zip

_____	_____
Signature	Date

**PARENT/GUARDIAN SIGNATURE (FOR PERSONS UNDER 18)**

My signature below certifies that I am a parent or guardian of the minor, and I consent to his/her participation in Mazaska Owecaso Otipi Financials programs and services.

_____	_____
Signature	Date

_____	_____
Print Name	Relationship to Minor