



## Westwater Financial, Inc

8979 Conde Ln., Suite A

Windsor, CA 95492

(707) 419-3070

### CUSTOMER INFORMATION FORM

Westwater Financial would like to learn how we and others we partner with can best support your business development and financial literacy needs. To assist us in this process, please complete our customer information form.

The information you provide will remain confidential. We will not release your individual information to any other party, individual, or government agency without your prior written consent and approval.

A summary of the collective data about our customers will be used to report to our funding sources and the public about the impact of our services on the people and communities we serve. Information will also be used to help our staff provide better services and to track and evaluate the impact of these services.

#### GENERAL INFORMATION

Please print your responses.

Date: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tribal Membership (if applicable): \_\_\_ Dry Creek Rancheria Band of Pomo Indians – Enroll. # \_\_\_\_\_

\_\_\_ Other Tribe (please identify Tribe) \_\_\_\_\_

Have you ever received services in the past from Westwater Financial? \_\_\_ Yes \_\_\_ No

If yes, what year did you receive services? \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

Please provide a relative or friend who would know how to contact you, even if you relocated?

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

“Household” includes: 1) Your financial dependents—i.e., your dependent children, 2) anyone you depend on financially—i.e., 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 your household? \_\_\_\_\_

How many children (under 18 yrs) currently live in your household? \_\_\_\_\_

What is your marital status?      \_\_\_ Single      \_\_\_ Married      \_\_\_ Divorce      \_\_\_ Separated

**INCOME INFORMATION**

Do you have a checking account? \_\_\_ Yes \_\_\_ No      Do you have a savings account? \_\_\_ Yes \_\_\_ No

What is your typical gross (before taxes) monthly household income (all household members)? \$ \_\_\_\_\_

What is your gross (before taxes) annual household income (all household members)? \$ \_\_\_\_\_

Which of the following sources provide income for members of your household?

- Employed by Private Corporation       Tribal Per-Capita Payments
- Employed by Government Agency       Employed by Tribal Enterprise (*Casino, Other*)
- Self-Employed       Pensions or Retirement
- Child Support or Alimony       Government Assistance (*TANF, Food Stamps, SSI, Social Security, Voc. Rehab, Unemployment, Veterans’ Benefits*)

**EMPLOYMENT INFORMATION**

What is your personal primary employment status (*choose one*)?

- Employed full-time (*Self or Employer*)       Employed part-time (*Self or Employer*)
- Employed more than full-time (*overtime or more than one job, Self or Employer*)
- Unemployed, currently seeking employment       Working while attending school or job training
- Homemaker, not seeking employment       Laid off, waiting to be called back
- Disabled, not seeking employment       Retired, not seeking employment

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_



**GENDER, ETHNICITY, AND RACE INFORMATION**

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, Westwater 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. Your Initials: \_\_\_\_\_

I will furnish the information: *(Please complete section below)*

Gender:  Female  Male

Ethnicity:  Hispanic  Non Hispanic

Race:  Native American  Caucasian  African American

Pacific Islander  Asian  Other *(please specify)* \_\_\_\_\_

**For Office Use Only:** Gender, ethnicity, and race information above was provided by:  
 Applicant  Westwater Financial

**ADDITIONAL INFORMATION REQUIRED FOR LOAN APPLICANTS**

A credit report and additional documents are required from all loan applicants. If you anticipate that one of the services you may request is a business loan, be prepared to provide Westwater Financial with the documents identified below. Not all documents may apply to your situation.

- ➔ Business plan
- ➔ Reference letter
- ➔ Applicable licenses
- ➔ Copy of business license
- ➔ Federal tax return (most recent calendar year)
- ➔ Leases, agreements, contracts for business
- ➔ Copy of Tribal enrollment card
- ➔ Site plan review certification if new construction

**CUSTOMER CERTIFICATION AND APPROVAL FOR CREDIT REPORT**

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. My signature also gives Westwater Financial my permission to acquire my credit report.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use Only**

Date Customer Intake Form Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Intake Form Reviewed By: \_\_\_\_\_

Date Customer Met with Staff \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Who Met with Customer \_\_\_\_\_

Customer Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Paper File Established \_\_\_\_ / \_\_\_\_ / \_\_\_\_