

Theinformation given in this application is confidential and only to be used for loan purposes. All completed applications can be mailed to PO Box 858, Eagle Butte, SD 57625, or emailed to info@akiptan.org, or faxed to 1-605-964-8082. To the Youth Applicant: There are two things you should do before completing this loan application:

- 1. Age eligibility for the Youth Loan is 10-20 years of age and a maximum amount of \$5,000. Anyone who is 10 12 can apply for a Youth Loan of up to \$5,000.00, those ages 13 to 15 can apply for a Youth Loan of up to \$7,5000.00 and those ages 16 to 18 years old can apply for a Youth Loan of up to \$10,000, which can be repaid over a maximum of 7 years, with a 5 year interest only period added if the producer so chooses. If you are under 18, either a parent or legal guardian must consent to you getting the loan. Make sure that your parent or legal guardian supports your decision to apply for a Youth Loan and that they understand they may need to co-sign the loan along with you. If your parent or legal guardian approves, but does not want to co-sign on the loan, you can choose another individual who is 18 years old or older to co-sign for you.
- 2. The Loan requires that you must have a project advisor. Your project advisor must sign the application in the appropriate section. This person can be your 4-H club leader, a county extension agent, Agriculture teacher, FFA Advisor, elder within the community, IAC TA Network Staff, etc. as long as the chosen advisor has qualifications that would give strong leadership to the loan activity. Keep in mind that whoever you choose as your advisor will be expected to help you plan your project, review your records, help you with problems and answer any questions you might have. Talk with the person you choose to make sure he/she is willing to take on this responsibility and sign your loan application as your project advisor.

Part A- Applicant Information		
1. First, Middle and Last Name:		
2. Address		
(Physical):		
(Malling)		
(Mailing):		
3. Phone Number:	4. Email:	
5. Social Security Number:	6. Birth Date:	
7. Tribal Affiliation (Member or Descent):		
8. If you are 18+, are you delinquent on any debt? If	ves, explain:	
Janes	J · · · · · · ·	
	<u>'</u>	
9. Amount of Loan Request:		
10. Description of Loan Activity:		

11. Please describe your past work experiences that benefit the activities of this loan:		
Part B- Projection Annual Income		
12. Income Breakdown:		
Description	Amount	
13. Estimated Total Income:		
D . C D		
Part C- Projection Annual Expenses		
14. Expense Breakdown: Description (with time of year)	Amount	
Description (with time of year)	Amount	
46 0 10 . 10		
15. Estimated Total Expenses:		

Initial ____ Date____

Part D- Ending Cash Balance	, Assets and D				
16. Total Income (Line 13):					
17. Total Expenses (Line 15): 18. Ending Cash Balance (Subtract 6 from 5):					
10	J. Liiding Casi	Dalance (Subtract o Iroin 5).			
19. Assets		20. Debts			
Description	Amount	Description	Amount		
21. Total Assets		22. Total Debts			
		23. Total Assets (Line 21)			
		24. Total Debts (Line 22)			
	Net Worth (S	ubtract Line 24 from Line 23)			
26. Applicant Signature:			27. Date		
	rent/Guardiai	n Permission <i>Please allow for t</i>	he Project Advisor and		
Parent/Guardian to fill out.	oo to choncor	the applicant on this project a	nd provide supervision for the		
		type of assistance you will be			
with (guidance, advice, finar			providing the youth applicant		
(garata, ta,	, i	The Property of the Property o			
20.11					
29. Name:		30. Signature:			
31. Phone Number:		32. Date:			
Please fill out the below if you (Project Advisor) are cosigning for the minor. If you are the Parent/Guardian					
and also the Project Advisor, please skip 33 and 34 and continue on to 35-41.					
33. Social Security Number:					
34. Name & Address of Employer:					

	how you plan to assist your youth in this project. By signing at ticipating in this loan. If the child is under the age of 18 you		
36. Legal Name:	37. Signature:		
38. Phone Number:	39. Date:		
Please fill out the below if you (the parent/guardian) are cosigning for the minor.			
40. Social Security Number:			
41. Name & Address of Employer:			

AKIPTAN USE ONLY					
Date Received:	Date Completed:		Financing Source:		
IAC/BIA Region:		Name of Loan Staff:			