Confederated Salish & Kootenai Tribes

Short Term Loan Application

P.O. Box 278 Pablo, Montana, 59855 (406) 275-2727

PLEASE MAKE SURE THE APPLICATION IS COMPLETE AND THAT YOU ATTACH CURRENT PROOF OF INCOME. ALL INFORMATION IS REQUIRED. INCLUDE ALL ITEMS REQUESTED OR THE APPLICATION CANNOT BE CONSIDERED. APPLICATION MUST BE COMPLETED IN BLUE OR BLACK INK. TRIBAL CREDIT WILL NOT ACCEPT FAXED APPLICATIONS.

I AM REQUESTING \$ _____ AND/OR A TOTAL LOAN OF \$ _____

The loan proceeds are for _____

| I wish to repay this loan with payments of APPROXIMATELY \$ per month. | | | | | | | h. | |
|--|---|---|--|--|-------------|--------------|----------------------|--|
| I wish payroll deduction of \$ per pay period. | | | | | | | | |
| APPLICANT | SEC | TION A – GENER | AL INFORMATI | ION | | CO-APF | LICANT | |
| ENROLLMENT NUMBER | IISS MRS MS | ENROLLMENT NUMBER RELATIONSHIP TO APPLICANT | | | | | | |
| FIRST NAME M.I. LAST NAME | | | FIRST NAME M.I. LAST NAME | | | | | |
| | | | □ MR □ MISS | | | | | |
| | | | □ MRS □ MS | | | | | |
| MAILING ADDRESS | , | | MAILING ADDRESS | | | I | | |
| | | | | | | | | |
| СІТУ | STATE | ZIP CODE | CITY | | | STATE | ZIP CODE | |
| | | | | | | | | |
| DATE OF BIRTH TELEPHONE NUMB | ER SOCIALS | ECURITY NUMBER | DATE OF BIRTH | TELEPHON | IE NUMBER | SOCIAL | SECURITY NUMBER | |
| | | | | | | | | |
| E-MAIL ADDRESS | | | E-MAIL ADDRESS | | | | | |
| E-WATE ADDRESS | | | L-WATE ADDRESS | | | | | |
| | | | | | | | | |
| | SECTI | ON B – BACKGR | OLIND INFORM | /ATION | \I | | | |
| | SECTI | UN D - DACKUR | | | | | CO ADDI ICANT | |
| 1. Have you ever borrowed r | money from T | rihal Cradit hafora? | | APPLICANT CO-APPLICANT □ YES □ NO □ YES □ NO | | | | |
| | | | | | | | | |
| 2. Do you currently have a lo | oan with us n | OW? | | □ YES | □ NO | | □ YES □ NO | |
| SE | SECTION C – EMPLOYMENT AND INCOME INFORMATION | | | | | | | |
| ΔPPI | ICANT | | | C | :O-APPI | LICANT | | |
| | | | | | 7 | | | |
| EMPLOYER NAME | | | EMPLOYER NAME | | | | | |
| | | | | | | | | |
| EMPLOYER ADDRESS | | | EMPLOYER ADDRESS | | | | | |
| | | | | | | | | |
| CITY, STATE, ZIP CODE | TE | LEPHONE NUMBER + EXT. | CITY, STATE, ZIP CODE | | | TEL | EPHONE NUMBER + EXT. | |
| | | | | | | | | |
| POSITION HELD SUPER | VISOR'S NAME | LENGTH OF EMPLOYMENT | POSITION HELD | SU | PERVISOR' | S NAME | LENGTH OF EMPLOYMENT | |
| | | YEARS MONTHS | | | | | YEARS MONTHS | |
| HOW OFTEN ARE YOU PAID? BI-WEEKLY | □ SEMI-MONTHLY | TEARS WONTHS | HOW OFTEN ARE YOU F | PAID? DBI- | WEEKLY 🗆 | SEMI-MONTH | | |
| | | | | OTHER: | | | | |
| - WEEKLY | | | | □ WE | EKLY | | | |
| IS YOUR EMPLOYMENT: | □ TEMPORARY | | IS YOUR EMPLOYMENT | : DEF | RMANENT 🗆 | TEMPORARY | | |
| PLEASE MARK □ FULL-TIME □ PART-TIME | | | PLEASE MARK - FULL-TIME - PART-TIME | | | | | |
| ALL THAT APPLY CONTRACT (PLEASE INCLUDE COPY OF CURRENT CONTRACT) | | | ALL THAT APPLY □ CONTRACT (PLEASE INCLUDE COPY OF CURRENT CONTRACT) | | | | | |
| □ SEASONAL _ | | | | ATEC OF FM | L CYATELT) | | | |
| (PLEASE LIST DATES OF EMPLOYMENT) | | | | | EASE LIST L | DATES OF EMP | LOYMENT) | |
| MONTHLY NET INCOME | \$ | | MONTHLY NET INCOME | Ē | | \$ | | |
| FROM EMPLOYMENT | | | FROM EMPLOYMENT | | | | | |
| OTHER INCOME: | INCOME: SOURCE: | | OTHER INCOME: | | | SOURCE: | | |
| \$ | | | | | | | | |
| | COLIDAT | | | | <u> </u> | COLIDAT | | |
| OTHER INCOME: SOURCE: | | | OTHER INCOME: SOURCE: | | | | | |
| \$ | \$ | | | | | | | |
| <u> </u> | • | | - | | 1 | | | |

SECTION D - EXISTING EXPENSES

Be sure that you list all existing loans with Tribal Credit. List any other MONTHLY DEBTS including rent, house payment, credit cards, any loans, other payback obligations, and LIVING EXPENSES (including power, phone, vehicle expenses, and other household expenses you may have). IF YOU HAVE NO EXPENSES IN THE INDIVIDUAL SECTIONS, PLEASE FILL IN A O OR N/A.

APPLICANT

CO-APPLICANT

| PAID TO | TYPE OF DEBT | BALANCE | PAYMENT | PAID TO | BALANCE | PAYMENT |
|------------------|--------------|---------|---------|---------|----------|---------|
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| OLUL D. OLUDDODZ | | | | | <u> </u> | |
| CHILD SUPPORT | | | | | | |
| MONTHLY EXPENSES | | | | | | |
| TOTAL EXPENSES | | | | | | |

| Everything I have stated on this application is true and correct to the best of my knowledge. You are hereby authorized check my credit and employment history and to answer any questions about your credit experience with me. | | | | |
|--|---------------|--|--|--|
| Applicant Signature: X | Today's Date: | | | |
| Co-Applicant Signature: X | Today's Date: | | | |