



Siletz Tribe Revolving Credit Program

PO Box 549, Siletz Oregon 97380
(541) 444-8384 FAX: (541) 444-8307
Toll Free: 1-800-922-1399

CREDIT APPLICATION

LOAN AMOUNT REQUESTING: \$ _____

DATE: _____

What are you requesting this loan for?

PRIMARY APPLICANT INFORMATION:

LAST FIRST MI DOB

TRIBAL AFFILIATION ROLL # CONTACT NUMBER

MAILING ADDRESS

STREET ADDRESS

COUNTY OF RESIDENCE SOCIAL SECURITY NUMBER

JOINT APPLICANT INFORMATION:

LAST FIRST MI DOB

TRIBAL AFFILIATION (IF ANY) ROLL # (IF ANY) CONTACT NUMBER

MAILING ADDRESS

STREET ADDRESS

COUNTY OF RESIDENCE SOCIAL SECURITY NUMBER

ASSET INFORMATION:

PRIMARY APPLICANT:

EMPLOYER	JOB TITLE	HOW LONG?
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EMPLOYER ADDRESS

EMPLOYER CONTACT PERSON	PHONE #
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\$

NET PAY (*TAKE HOME*) PER MONTH (*attach one month Proof of Income, application incomplete if not attached*)

PREVIOUS EMPLOYER	HOW LONG?
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OTHER SOURCE OF INCOME (*IF ANY, please attach proof*):

SOURCE	AMOUNT
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JOINT APPLICANT:

EMPLOYER	JOB TITLE	HOW LONG?
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EMPLOYER ADDRESS

EMPLOYER CONTACT PERSON	PHONE #
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\$

NET PAY (*TAKE HOME*) PER MONTH (*attach one month Proof of Income, application incomplete if not attached*)

PREVIOUS EMPLOYER	HOW LONG?
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OTHER SOURCE OF INCOME (*IF ANY, please attach proof*):

SOURCE	AMOUNT
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DEBT INFORMATION

RENT . MORTGAGE . OTHER (CIRCLE ONE)

AMOUNT (PER MONTH): \$ _____

IF OTHER IS CIRCLED PLEASE EXPLAIN:

AUTOMOBILE (S) (PLEASE ATTACH SHEET IF MORE ROOM IS NEEDED):

MAKE	MODEL	YEAR	NAME ACCT IS UNDER	ORIGINAL AMT.	MONTHLY PMT.

DEBT (PLEASE ATTACH SHEET IF MORE ROOM IS NEEDED):

	ACCOUNT TYPE (LOAN/CREDIT CARD/CHARGE/ETC.)	BALANCE	MONTHLY PMT.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

1. Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amount per Month \$ _____
2. Are there any unsatisfied judgments against you? No Yes (please attach information explaining)
3. Do you have any collection accounts? No Yes (please attach information explaining)
4. Declared bankrupt in the last 10 years? No Yes (please attach information explaining)

CONSUMER LOAN

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS INFORMATION SHEET IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I PROVIDE FALSE, INCOMPLETE, OR INACCURATE INFORMATION THAT I MAY BE SUBJECT TO PENALTY UNDER FEDERAL, STATE OR TRIBAL LAW AND MAY BE DENIED CREDIT. BY MY SIGNATURE, I HEREBY AUTHORIZE THE SILETZ TRIBAL REVOLVING LOAN PROGRAM TO OBTAIN ANY AND ALL INFORMATION NECESSARY FOR PROCESSING MY APPLICATION FOR PROGRAM FUNDING.

Signature of Primary Applicant

Date Signed

Signature of Joint Applicant

Date Signed

Tribal Member and/or Indian Preference apply to hiring and Federal and Tribal laws may also limit program assistance to Tribal members. Otherwise, Tribe will not discriminate in selection because of race, creed, age, sex, color, national origin, physical handicap, marital status, politics, membership, non-membership in an employee organization. Reasonable accommodations to individuals with handicaps available upon request.