



**ASSET INFORMATION:**

**PRIMARY APPLICANT:**

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EMPLOYER HOW LONG?

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EMPLOYER ADDRESS

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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*)

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PREVIOUS EMPLOYER HOW LONG?

OTHER SOURCE OF INCOME (*IF ANY, Please attach proof*):

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SOURCE AMOUNT

**JOINT APPLICANT:**

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EMPLOYER 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*)

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PREVIOUS EMPLOYER HOW LONG?

OTHER SOURCE OF INCOME (*IF ANY, Please attach proof*):

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SOURCE AMOUNT

**DEBT INFORMATION**

RENT . MORTGAGE . OTHER (CIRCLE ONE)

AMOUNT (PER MONTH): \$ \_\_\_\_\_

IF OTHER PLEASE EXPLAIN:

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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)

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HOME IMPROVEMENT LOAN

INFORMATION ON HOME

ADDRESS OF PROPERTY TO BE IMPROVED

LEGAL DESCRIPTION OF PROPERTY (CAN GET THIS FROM COUNTY ASSESSOR, ATTACH COPY)

TITLE IN NAME OF:

DATE HOME PURCHASED

YEAR HOME BUILT

PURCHASE PRICE

NO. OF ROOMS

NO. OF BDRMS

NO. OF BATHS

GROSS LIVING AREA

FAMILY ROOM OR DEN  YES  NO

GARAGE OR CARPORT  YES  NO

CENTRAL AIR  YES  NO

IMPROVEMENTS PLANNED (ATTACH COPY OF ESTIMATE OR ITEMIZED BREAKDOWN OF MATERIALS & LABOR)

EXAMPLE (EXTRA SHEET ATTACHED)

DESCRIPTION	QTY	X	UNIT COST	TOTAL
PLYWOOD SHEET	4 EA.	X	\$12.00	\$48.00

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.

