

FOR OFFICIAL USE

Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____
How app received?: _____



Membership Distribution Tribal Loan Application

THERE IS A **6% INTEREST RATE** ON TRIBAL
LOANS. **MUST ATTACH COPY OF TRIBAL ID**

Name: _____ Tribal ID: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Message #: _____ Email: _____

Amount Requesting: _____ (Up to \$6,000)

PAYMENT OPTIONS

Distributions:

Monthly Distribution deduction
Total Monthly Deduction Requested \$ _____

Monthly Senior/Elder Support/Disability deduction
Semi-monthly Deduction Requested \$ _____
Total Monthly Deduction Requested \$ _____

Payroll Deductions:

TTT TGO QCV SALISH PHARMACY

Member must submit to Payroll Department
Bi-weekly Deduction Requested \$ _____
Total Monthly Deduction Requested \$ _____

FINANCE ONLY

Eligibility review
Distribution amount
available \$ _____

Loan Balance \$ _____

Available to borrow \$ _____

Approved Disapproved

Loan amount \$ _____

Notes: _____

Reviewed By: _____

Authorized By: _____

Entered By: _____

By signing this application I agree that all information provided is true and correct. I certify that the loan is being taken for a general welfare purpose and deduction of monthly distribution is allowable. I also acknowledge that I will complete the promissory note and waiver form when applicable.

_____ Date

_____ Signature

POWER OF ATTORNEY WILL NOT BE ACCEPTED.

This loan application is applicable to loans granted to qualifying tribal member(s) pursuant to the Tribal Membership Loan Policy approved by Board Resolution #2021-081 on March 5, 2021. The loan program is subject to available hard dollar funding at any given time. Loans under this program will bear an interest rate of 6% and will be paid in full over 22 monthly payments. Loans will be processed based on a first come, first serve basis determined by either the time stamp issued by the Cashier Window or email time/date stamp of submission of a completed application.

Deliver to:

Membership Distribution
6406 Marine Drive, Tulalip, WA 98271

OR

Fax to:

360-716-0304

OR

Email a scanned signed copy to:

membershipdistribution
@tulaliptribes-nsn.gov

If you have any questions, please call the Membership Distribution at 360-716-4364