

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

TULALIP TRIBAL MEMBERSHIP LOAN PROGRAM

DISTRIBUTION DEDUCTION POLICY/LIMIT WAIVER

POLICY REFERENCE: RESOLUTION 2018-274



*COMPLETE FORM AND TURN IN WITH YOUR LOAN APPLICATION.
RETAIN A COPY FOR YOUR RECORDS*

TRIBAL MEMBER NAME: _____

TRIBAL ENROLLMENT NUMBER: T- _____

TRIBAL MEMBER POLICY WAIVER: I request that the Tulalip Tribes Finance Department waive my rights to that portion of the Tribal Member Distribution Deductions Policy that limits the amount of my available Tribal Member Distribution that I can pledge to qualify and repay Tribal Membership Loans (“50% Rule”). **I understand that this a voluntary waiver of Tribal Member Distribution Deductions limits provided to me by the above referenced policy and that this waiver applies to all membership and HERAP loans that I have with the Tribes.**

I acknowledge I am the person authorized to sign this form and that I authorize the waiver of the “50% Rule” identified in the above referenced policy.

DATE

TRIBAL MEMBER SIGNATURE

DATE

TRIBAL MEMBER PRINT NAME

POWER OF ATTORNEY USE IS NOT AUTHORIZED AND WILL NOT BE ACCEPTED TO SECURE MEMBERSHIP LOANS OR AUTHORIZE POLICY WAIVERS.



Membership Distribution Voluntary Tribal Entity Deductions

POWER OF ATTORNEY WILL NOT BE ACCEPTED FOR CHANGES

Tulalip Housing: \$ _____ Account #: _____

Salish Networks: \$ _____ Account #: _____

Tulalip Utilities: \$ _____ Account #: _____

Tulalip Leasing: \$ _____ Account #: _____

Tulalip Moorage: \$ _____ Account #: _____

Is this a **one time** deduction? If so, choose month: _____

Do you want this to be deducted every month? Yes No Initial: _____

CHOOSE ONE:

Senior Elder Support Disability Monthly Distribution

You **must** notify the Tulalip Tribes Finance Department when deductions are to stop.

Tribal ID: _____ Email address: _____ Phone #: _____

Print Legal Name: _____

Date

Signature

POWER OF ATTORNEY WILL NOT BE ACCEPTED FOR CHANGES

Form **must** be received and time stamped **two weeks** prior to any check distribution

Return this completed form to the Tulalip Tribes Cashier Window (*Time Stamped*)

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