



# Membership Distribution Tribal Loan Application

THERE IS A **9% INTEREST RATE** ON TRIBAL  
LOANS. **MUST ATTACH COPY OF TRIBAL ID**

Name: \_\_\_\_\_ Tribal ID: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message #: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_ (Up to \$6,000, increments of \$1,000)

## PAYMENT OPTIONS

Distributions:

Monthly Percapita 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 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 #2018-274 on June 2, 2018. The loan program is subject to available hard dollar funding at any given time. Loans under this program will bear an interest rate of 9% 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