

# Tribal Loan Application

**Tribal ID** \_\_\_\_\_

**THERE IS A 9% INTEREST RATE ON TRIBAL LOANS**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

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

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Amount Requesting \$ \_\_\_\_\_ (Max \$4,000.00)

## PAYBACK

Monthly payment (\$130.00)

Quarterly Per-capita (\$1500.00)

Payroll deduction \$130 Monthly:  TTT  QCV  Casino/

**MUST INCLUDE NEW/UPDATED PAYROLL DEDUCTION FORM**

Monthly distribution: \$ \_\_\_\_\_ handicap/disability \$ \_\_\_\_\_ Elder's

**MUST INCLUDE NEW/UPDATED DEDUCTION FORM**

**PLEASE NOTE: if there is nothing marked above Finance will automatically Deduct from your per-capita the maximum amount allowed.**

Purpose of Loan  Emergency \_\_\_\_\_

**MUST ATTACH DOCUMENTATION**

Other \_\_\_\_\_

Do you presently owe money to any Tribal Entity?  Yes  No If yes, list below

Tribal Entity

Amount Owed

Monthly Payments

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing this application I agree to all conditions mentioned above and also acknowledge that Tribal debts will be garnished by Finance from the total loan amount.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **DO NOT WRITE IN THIS BOX**

Emergency Loan \_\_\_\_\_

Rehab Loan \_\_\_\_\_

Tribal Loan \_\_\_\_\_

Cable \_\_\_\_\_

Housing \_\_\_\_\_

Utilities \_\_\_\_\_

Other \_\_\_\_\_

.....  
Total Deduction(s) \_\_\_\_\_

Amount of Check \_\_\_\_\_

Processed by: \_\_\_\_\_

**Application must be signed and completely filled out for your loan to be considered – if mailed, must be notarized or it will be returned to you.**