

Confederated Salish & Kootenai Tribes

Personal Loan Application

P.O. Box 278, Pablo, Montana, 59855
 (406) 275-2727 credit@cstk.org

PLEASE MAKE SURE THE APPLICATION IS COMPLETE AND THAT YOU ATTACH CURRENT PROOF OF INCOME. ALL INFORMATION IS REQUIRED. INCLUDE ALL ITEMS REQUESTED OR THE APPLICATION CANNOT BE CONSIDERED. APPLICATION MUST BE COMPLETED IN BLUE OR BLACK INK. TRIBAL CREDIT WILL NOT ACCEPT FAXED APPLICATIONS.

Amount Requesting \$ _____ The loan proceeds are for: Revolving Loan
 Term Loan
 Credit Establishment/
 I wish to repay Monthly Payments \$ _____ Reestablishment
 this loan with Payroll Deduction \$ _____

APPLICANT			GENERAL INFORMATION			CO-APPLICANT		
ENROLLMENT NUMBER			ENROLLMENT NUMBER			RELATIONSHIP TO APPLICANT		
FIRST NAME <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS		M.I.	LAST NAME		FIRST NAME <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS		M.I.	LAST NAME
MAILING ADDRESS			MAILING ADDRESS			MAILING ADDRESS		
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER		DATE OF BIRTH	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER		
E-MAIL ADDRESS			E-MAIL ADDRESS			E-MAIL ADDRESS		

APPLICANT			EMPLOYMENT AND INCOME INFORMATION			CO-APPLICANT		
EMPLOYER NAME			EMPLOYER NAME			EMPLOYER NAME		
EMPLOYER ADDRESS			EMPLOYER ADDRESS			EMPLOYER ADDRESS		
CITY, STATE, ZIP CODE		TELEPHONE NUMBER + EXT.		CITY, STATE, ZIP CODE		TELEPHONE NUMBER + EXT.		
POSITION HELD	SUPERVISOR'S NAME	LENGTH OF EMPLOYMENT YEARS MONTHS		POSITION HELD	SUPERVISOR'S NAME	LENGTH OF EMPLOYMENT YEARS MONTHS		
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> WEEKLY			HOW OFTEN ARE YOU PAID? <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> WEEKLY			HOW OFTEN ARE YOU PAID? <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> WEEKLY		
IS YOUR EMPLOYMENT: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY PLEASE MARK ALL THAT APPLY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT (PLEASE INCLUDE COPY OF CURRENT CONTRACT) <input type="checkbox"/> SEASONAL _____ (PLEASE LIST DATES OF EMPLOYMENT)			IS YOUR EMPLOYMENT: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY PLEASE MARK ALL THAT APPLY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT (PLEASE INCLUDE COPY OF CURRENT CONTRACT) <input type="checkbox"/> SEASONAL _____ (PLEASE LIST DATES OF EMPLOYMENT)			IS YOUR EMPLOYMENT: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY PLEASE MARK ALL THAT APPLY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT (PLEASE INCLUDE COPY OF CURRENT CONTRACT) <input type="checkbox"/> SEASONAL _____ (PLEASE LIST DATES OF EMPLOYMENT)		
MONTHLY NET INCOME FROM EMPLOYMENT		\$	MONTHLY NET INCOME FROM EMPLOYMENT		\$	MONTHLY NET INCOME FROM EMPLOYMENT		\$
OTHER INCOME: \$		SOURCE:		OTHER INCOME: \$		SOURCE:		
OTHER INCOME: \$		SOURCE:		OTHER INCOME: \$		SOURCE:		

