

Confederated Salish & Kootenai Tribes

Personal Loan Application

P.O. Box 278, Pablo, Montana, 59855
(406) 275-2727 credit@cskt.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 \$ _____

this loan with ☐ Payroll Deduction \$ _____

APPLICANT			GENERAL INFORMATION			CO-APPLICANT		
ENROLLMENT NUMBER						ENROLLMENT NUMBER		
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		
MAILING ADDRESS			MAILING ADDRESS					
CITY			STATE	ZIP CODE		CITY		
DATE OF BIRTH	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER		DATE OF BIRTH		TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS			E-MAIL ADDRESS					

APPLICANT			EMPLOYMENT AND INCOME INFORMATION			CO-APPLICANT		
EMPLOYER NAME			EMPLOYER NAME					
EMPLOYER ADDRESS			EMPLOYER ADDRESS					
CITY, STATE, ZIP CODE			TELEPHONE NUMBER + EXT.			CITY, STATE, ZIP CODE		
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					
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		
OTHER INCOME: \$			SOURCE:			OTHER INCOME: \$		
OTHER INCOME: \$			SOURCE:			OTHER INCOME: \$		

CO-APPLICANT

PAID TO	TYPE OF DEBT	BALANCE	PAYMENT	PAID TO	BALANCE	PAYMENT
CHILD SUPPORT						
MONTHLY EXPENSES						
TOTAL EXPENSES						

Date Application Received _____ Time _____ ☐ In-Person ☐ Email ☐ Mail ☐ Other