

Confederated Salish & Kootenai Tribes  
**Long-Term Pre-Qualification**

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

**PLEASE MAKE SURE THE PRE-QUALIFICATION IS COMPLETE AND THAT YOU ATTACH CURRENT PROOF OF INCOME. ALL INFORMATION IS REQUIRED. INCLUDE ALL ITEMS REQUESTED OR THE PRE-QUALIFICATION CANNOT BE CONSIDERED. PRE-QUALIFICATION MUST BE COMPLETED IN BLUE OR BLACK INK.**

Estimated pre-qualification amount: \_\_\_\_\_

BORROWER			GENERAL INFORMATION			CO-BORROWER					
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					
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					

BORROWER			EMPLOYMENT AND INCOME INFORMATION			CO-BORROWER					
EMPLOYER NAME						EMPLOYER NAME					
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					
IS YOUR EMPLOYMENT: PLEASE MARK ALL THAT APPLY <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <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: PLEASE MARK ALL THAT APPLY <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <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: \$			SOURCE:		
OTHER INCOME: \$			SOURCE:			OTHER INCOME: \$			SOURCE:		

