

Confederated Salish & Kootenai Tribes
Unsecured 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: _____

I wish to repay this loan with Monthly Payments \$ _____ Payroll Deduction \$ _____ Cash Advance Loan Structured Installment Loan

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						
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						

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				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: _____		

