Credit Loan Application

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION-CREDIT PROGRAM 46411 TI'MINE WAY, PENDLETON, OR 97801

Phone: 541-429-7155 Fax: 541-429-7171 Email: Credit@ctuir.org

PURPOSE FOR LOAN												
		PURPUSE	FUR LUP	AIN								
	\$	\$										
LOAN PROCESSING FE	N \$25) \$											
TOTAL AMOUNT OF LOAN REQUESTED \$												
TOTAL AMOUNT OF LOAN NEWCESTED W												
TRIBAL MEMBER APPLICANT INFORMATION												
FILL NAME:												
FULL NAME: MAIDEN OR OTHER LEGAL NAME:												
		<u> </u>				1						
PHYSICAL ADDRESS:		CITY:		STATE		ZIP						
MANUNG ARRESON		CITY		07475		ZID						
MAILING ADDRESS:		CITY:		STATE		ZIP						
ENROLLMENT#	ENROLLMENT # SOCIAL SECURITY #			THDATE	PHO	PHONE NUMBER						
X -			1 1		() -						
CURRENT LOAN WITH US? PREVIOUS LOAN WITH US? CO-SIGNER FOR ANY LOAN WITH US? HOW DO YOU PLAN TO REPAY THIS LOAN? MONTHLY PAYMENTS PAYROLL DEDUCTION GAMING DISTRIBUTION MINOR TRUST MONIES AMOUNT \$ ELDERS' BENEFIT AMOUNT \$												
		OR CREDIT PRO	OGRAM USE	ONLY								
LAST EMERGENCY LO	BALANCE		AMO	AMOUNT PAST DUE								
VENDOD #												
VENDOR #			-									
	SEVEN /MISC.											
	·											
	CUJ	COURT / ESP										

CHILD SUPPORT

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EMBLOYED MAME/AD					Dent						
EMPLOYER NAME/AD	DEPT:										
PHONE ()	-	EMPLOYED	FOR	YR	S	MOS	AT PER	\$			
SUPERVISOR:		PERMANEN	Т 🔲	FULL	_ TIME [PART	TIME			
TEMPORARY SEASONAL SEASONAL EMPLOYMENT DATES:											
TRIBA	AL MEMBE	R APPLICA	ANT I	HOUSE	HOLD I	NFORM	MATIO	N			
=	AYMENT MOUNT	\$		NAME/A	IE/ADDRESS TO WHOM PAYABLE						
TOTAL NUMBER IN HO	TOTAL NUMBER IN HOUSEHOLD:				UMBER	OF DEPE	NDENTS	S:			
CREDIT REFERENCES		EDITORS		ORIGIN	IAL	MON ⁻	THLY	UNPAID			
				AMOUNT		PAYMENT		BALANCE			
				\$		\$		\$			
				\$		\$		\$			
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PERSONAL REFERENCES- LIST TWO REFERENCES NAME				TIONSHIP	TELEPHONE NUMBER						
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NOTE: INCOMPLETE	APPLICATION	NS MAY DELA	Y PRO	CESSING.	PLEAS	E COMPI	LETE AL	L SECTIONS.			
		FOR CREDIT	PROG	RAM USE	ONLY						
VOE INFORMATION:	CONTACT N					TITLE:					
DOH	PHONE:										
SALARY	FAX:										

EMAIL:

CO-APPLICANT INFORMATION FULL NAME: RELATIONSHIP TO APPLICANT: ADDRESS: CITY: ZIP STATE **ENROLLMENT #** SOCIAL SECURITY# **BIRTHDATE** PHONE NUMBER X -**CURRENT LOAN WITH US?** YES | NO | LOAN# PREVIOUS LOAN WITH US? YES NO NO WHEN? CO-SIGNER FOR ANY LOAN WITH US? YES NO IF YES, FOR WHO? HOW DO YOU PLAN TO REPAY THIS LOAN? MONTHLY PAYMENTS AMOUNT \$ AMOUNT \$ PAYROLL DEDUCTION GAMING DISTRIBUTION **AMOUNT \$** MINOR TRUST MONIES AMOUNT \$ ELDERS' BENEFIT FOR CREDIT PROGRAM USE ONLY **LAST EMERGENCY LOAN BALANCE AMOUNT PAST DUE** HOUSING VENDOR# **SOLID WASTE / TERF** DAYCARE **VOE INFO** WATER & SEWER **LUCKY SEVEN** TRAVEL/MISC. **VOE SENT** CUJ DOH TRIBAL COURT / ESP **CHILD SUPPORT** SALARY **CO-APPLICANT SOURCE OF INCOME EMPLOYER NAME/ADDRESS: DEPT** YRS AT\$ PHONE (EMPLOYED FOR MOS PER SUPERVISOR: PART TIME PERMANENT FULL TIME TEMPORARY SEASONAL SEASONAL EMPLOYMENT DATES: **CREDIT REFERENCES-** LIST 2 CREDITORS ORIGINAL MONTHLY UNPAID AMOUNT PAYMENT BALANCE \$ \$ \$ \$ \$ \$ PERSONAL REFERENCES-LIST TWO REFERENCES NAME, RELATIONSHIP AND TELEPHONE NUMBER NAME **RELATIONSHIP TELEPHONE NUMBER**

I, (WE), THE UNDERSIGNED TRIBAL MEMBER APPLICANT (AND CO-APPLICANT), DO HEREBY STATE THAT ALL STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE. BY SIGNING BELOW, I (WE) AGREE: 1) THE CTUIR CREDIT PROGRAM MAY UTILIZE CREDIT REPORTING AGENCIES TO VERIFY CREDIT INFORMATION REGARDING MY, (OUR) CREDIT APPLICATION CONTENTS AND CREDIT HISTORY. 2) THE CTUIR CREDIT PROGRAM MAY INFORM OTHER AGENCIES REGARDING MY CREDIT PERFORMANCE. 3) I, (WE) HAVE ATTACHED ALL REQUIRED DOCUMENTS TO SUPPORT THE LOAN REQUEST. (I.E. BILLS, INVOICES, CAR ESTIMATES, HOME ESTIMATES, REPAIR QUOTES, TRAFFIC CITATIONS, ETC. WHEN REASONABLY POSSIBLE) 4) I, (WE) AUTHORIZE THE CTUIR CREDIT PROGRAM TO VERIFY ANY OUTSTANDING DEBTS OWED TO THE CONFEDERATED TRIBES, INCLUDING ITS SERVICES AND ENTERPRISES. 5) I, (WE) AGREE TO AUTHORIZE THE CTUIR CREDIT PROGRAM TO OBTAIN ANY DEBT AND EMPLOYMENT RELATED INFORMATION FROM ALL CTUIR TRIBAL ENTITIES OR ENTERPRISES, INCLUDING WILDHORSE RESORT & CASINO, URHA AND OUTSIDE AGENCIES. 6) FAILURE TO DISCLOSE ANY INFORMATION REQUIRED, INCLUDING ALL DEBTS IN THIS APPLICATION MAY CONSTITUTE DENIAL OF THE LOAN REQUEST. 7) THE CTUIR CRIMINAL CODE SECTION 4.99 MANDATES REPORTING OF SUSPECTED OR EXPLOITATION OF ELDERS THAT MAY FALL UNDER CRIMINAL CODE SECTION 4.97. SIGNATURE OF TRIBAL MEMBER APPLICANT DATE SIGNATURE OF CO-APPLICANT DATE

NOTE: YOU MUST SIGN THE COMPLETED APPLICATION, YOUR SIGNATURE AUTHORIZES THE CREDIT PROGRAM TO PROCESS YOUR LOAN REQUEST. INCOMPLETE APPLICATIONS MAY DELAY PROCESSING.

REVISED: 2/4/16