



Siletz Tribal Business Corporation
Small Business Loan Program
2120 NW 44th Street, Suite D
Lincoln City, OR 97367
(541) 994-2142(O) • (541) 994-8973 (F)

Information Sheet

Loan Amount Request \$ _____ Date: _____

Purpose of Loan: _____

Primary Applicant Information:

Name: _____ Enrollment Number: _____

Tribal Affiliation: _____ Phone/Message Number: _____

Mailing Address: _____

Physical Address: _____ How long at this address? _____

City, State and Zip Code: _____

County of Residence: _____

Date of Birth: _____ Social Security Number: _____

Email: _____

Co-Applicant Information:

Name: _____ Enrollment Number: _____

Tribal Affiliation: _____ Phone/Message Number: _____

Mailing Address: _____

Physical Address: _____ How long at this address? _____

City, State and Zip Code: _____

County of Residence: _____

Date of Birth: _____ Social Security Number: _____

Email: _____

I CERTIFY THE INFORMATION I HAVE PROVIDED ON THIS INFORMATION SHEET IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND IF I PROVIDE FALSE, INCOMPLETE OR INACCURATE INFORMATION, I MAY BE SUBJECT TO PENALTY UNDER FEDERAL, STATE OR TRIBAL LAW AND MAY BE DENIED CREDIT.

I HEREBY AUTHORIZE THE SILETZ TRIBAL BUSINESS CORPORATION TO OBTAIN ANY AND ALL INFORMATION AND DOCUMENTATION NECESSARY FOR PROCESSING MY LOAN APPLICATION FOR PROGRAM FUNDING.

Signature of Primary Applicant

Date Signed

Signature of Co-Applicant

Date Signed