



# Siletz Tribe Revolving Credit Program

## Small Business Loan Application (Owner)

2120 N.W. 44<sup>th</sup> Street, Suite D  
Lincoln City, Oregon 97367  
Office: (541) 994-2142 • Fax: (541) 994-5142  
Toll Free: (877) 564-7298  
www.stbcorp.net

Date: \_\_\_\_\_

### General Information:

Business Name: \_\_\_\_\_

TIN: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Form of Operating Business:

- Sole Proprietor    Partnership    LLC    Corporation    Other: \_\_\_\_\_

State/Tribe in which Organized: \_\_\_\_\_

Since: \_\_\_\_\_

*\*Provide and attach documentation with application*

### Owner Information

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

CTSI Roll #: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Ownership Information: \*Submit proof that CTSI Tribal Member has at least 51% ownership of business.

Name	Title	% of Ownership	Driver's License #	SSN	Tribal Affiliation	Roll#

**\*Co-owners must complete an application in order for the application to be considered complete.**

**Amount of Request:** \$ \_\_\_\_\_ (\$10,000.00 maximum request)

**1. Project Financing – List the allocation of loan funds**

Land	\$
Building	\$
Machinery & Equipment	\$
Inventory	\$
Working Capital	\$
Lease/Rent	\$
Licensing	\$
Other (please explain):	\$
Other (please explain):	\$
<b>Total</b>	<b>\$</b>

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**2. Other Sources of Financing – List any other sources of financing and submit documentation with application.**

	Note Date	Original Amt.	APR %	Current Balance	Mo. PMT.	Maturity Date
Name of Bank:		\$		\$	\$	
Name of Bank:		\$		\$	\$	
Private Party:		\$		\$	\$	
Applicant Equity – Source:		\$		\$	\$	
<b>Total</b>	N/A	<b>\$</b>	N/A	<b>\$</b>	<b>\$</b>	N/A

**3. Assets – List all applicable assets, attach separate sheet of paper if more room is needed.**

Cash on hand	\$
Cash in checking account #	\$
Cash in savings account #	\$
Stocks/Bonds	\$
Life Insurance (cash value)	\$
IRA and other vested retirement	\$
Automobiles – list year, make & model below	\$
Auto #1	\$
Auto #2	\$
Real Estate (residence/rentals)	\$
Other Personal Property	\$
<b>Total Assets</b>	<b>\$</b>

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**4. Debt – List all known debt, attach separate sheet of paper if more room is needed**

	To Whom Owed	Present Balance	Monthly Payment
Mortgage		\$	\$
Auto Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Insurance		\$	\$
Collections		\$	\$
Judgments		\$	\$
<b>Total Liabilities</b>		<b>\$</b>	<b>\$</b>

\*A credit report will be obtained using TransUnion.

**Employment & Income Information:**

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_ Per Capita Not Considered Source of Income

**(Required – Please attach one month proof of income) Monthly Gross Income: \$** \_\_\_\_\_

Other Source of Income (Please attach proof): \_\_\_\_\_  
How Often? (monthly, yearly, etc.): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

**Please list the nearest relative not living with you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the loan is approved, will this business become your primary source of income?  Yes  No

Does the applicant own more than 20% interest in any other company?  Yes  No

Name of Company: \_\_\_\_\_

Are Accounts, Inventory, or Equipment of applicant currently pledged as collateral?  Yes  No

Name of Institution: \_\_\_\_\_ Collateral Pledged: \_\_\_\_\_

Are any taxes currently past due by the applicant?  Yes  No

Type of Tax: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have any unsatisfied judgments against you?  Yes  No  Unsure

Have you declared bankruptcy in the last ten years?  Yes  No  Unsure

Are you obligated to make alimony, child support or maintenance payments?  Yes  No

If yes, please list who payments are made to.

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Have you checked with CTSI Administration to see if any program or grant funding could provide what you need? \_\_\_\_\_

**Applicant History with the STRCP** (Questions also apply to active loan accounts)

Do you currently have a loan with the STRCP?  Yes  No

If yes, please provide the following information.

Loan Number:		Amount Borrowed:	\$
Current Principal Balance:	\$	Monthly Payment:	\$

1. Have you previously applied for a loan with the STRCP?  Yes  No

If yes, please list date(s): \_\_\_\_\_

2. Have you had any previous loans through the STRCP?  Yes  No

If yes, please provide the following information:

Number of Loan(s): \_\_\_\_\_

Type of Loan(s):  Consumer  Home Improvement  Business

Please list loan number(s) and the amount borrowed: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been late on your payment(s)?  Yes  No

4. Have you ever been subject to per capita garnishment through CTSI Tribal Court due to non-payment for any previous loans borrowed from the STRCP?  Yes  No

5. What action was taken?  Garnished  Payment Agreement  Dismissed  Other

Please explain the action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Type	Name	Address	Phone #
Bank			
Insurance Company			
Attorney			
Accountant			
Personal (not related)			

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide brief description of your business and/or what you will do with the loan funds.

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**This is required and must be turned in with application for the application to be considered complete**

**Disclosure & Information**

This loan application being completed and executed by \_\_\_\_\_ (all corporations, partnerships and principals must be included here), of \_\_\_\_\_, \_\_\_\_\_ (location) hereinafter collectively referred to as "CLIENT." The Confederated Tribes of Siletz Indians of Oregon, Siletz Tribal Business Corporation, Siletz Management Inc., Siletz Tribe Revolving Credit Program, its members, officers, agents and attorneys are hereinafter referred to collectively as "LENDER." LENDER will seek financing for the CLIENT if it determines, in its sole discretion, that (1) CLIENT is within LENDER's eligibility criteria (2) the credit is likely to be approved and (3) other elements of the complete project can also be financed or funded.

**No LENDER Liability:** LENDER is depending upon CLIENT to promptly supply accurate information and to prepare the application. In addition, financing is dependent upon many factors that LENDER cannot control, including economic factors and the decisions of the financial institutions involved in the project. Accordingly, LENDER does not promise that CLIENT will obtain financing. CLIENT agrees that LENDER shall not be responsible in any manner or liable to the CLIENT, or any other person, in the event that financial assistance is not obtained from this loan application or private financing sources. CLIENT further agrees that CLIENT will hold LENDER harmless and pay all costs and expenses, including attorney's fees, in the event any claim is made or lawsuit is filed by or against LENDER arising out of any transaction with or assistance to the CLIENT.

**Business and Credit Information:** CLIENT agrees that LENDER may receive confidential business, financial, and credit information about the CLIENT from financial institutions, credit reporting agencies, or other sources. LENDER agrees that all confidential information received will be held in confidence and not divulged to persons or agencies, other than prospective lenders or guarantors, CLIENT's accountant and attorney, and any other persons listed in any part of the Loan Application or provided verbally or in written form by CLIENT. Furthermore, CLIENT authorizes all references contained herein, as well as any other source of information pertaining to their creditworthiness, to disclose such information to LENDER, or its agent. CLIENT further authorizes LENDER to provide information concerning their credit relationship to other creditors or reporting agencies at LENDERS discretion.

**Change of Circumstance:** CLIENT agrees to notify LENDER immediately, in writing, of any materially unfavorable change in the CLIENT's financial condition, business activities, plan or status. The absence of such notification shall be considered a continuing statement that no such unfavorable change has occurred.

**Voluntary Disclosure:** Notwithstanding the provisions above, CLIENT agrees to allow LENDER to disclose the following information about its business and its project to any person, organization, business, governmental agency, or any entity upon approval of any loan: (1) business name, (2) general project description, (3) total project cost, (4) number of new jobs created or existing jobs retained, (5) participating lenders and (6) LENDER loan amount.

**Payment Processing:** In the event a loan is approved and closed, CLIENT agrees to allow LENDER to collect payments by electronic means, either through the automated clearinghouse transaction or wire transfer. CLIENT acknowledges and agrees that checks or cash can be accepted for regular payment activity on any loan made by LENDER.

**Authority and Certifications:** CLIENT certifies that the person(s) signing on behalf of CLIENT is authorized to do so by all individuals, partnerships, partners, corporations, members or other individuals or legal entities that are a party to or receive assistance through this loan application. Furthermore, CLIENT certifies that the statements and representations made herein are true and correct and that CLIENT has disclosed all relevant information to LENDER for processing of loan application including the following (by selected Yes or No from drop down list) responses, with written detailed explanations attached for any question to which CLIENT answers "Yes:"

1. Have any of the individuals, owners or businesses a part of this application been involved in bankruptcy or have any pending or probable lawsuits?
2. Do any of the individuals, owners or businesses a part of this application have ownership in other businesses?
3. Are any of the individuals, as part of this application (a) presently under indictment, on parole, or probation, or (b) have they ever been charged with or arrested or convicted of any criminal offense other than a motor vehicle violation?
4. Are any of the individuals, owners or businesses a part of this application delinquent, or in default, on student loan payments, federal debt, child support obligations or any other local, state or government obligations?

**Release of Information**

I/We certify that the information I/we have provided on this application is full, true and complete to the best of my/our knowledge. I/We certify that I/we made no misrepresentations in this loan application or in any related documents and that I/we did not omit any important information. I/We understand that if I/we provide false, incomplete or inaccurate information that I/we may be subject to penalty under federal, state or Tribal law and may be denied credit.

By signing this form, I/we hereby authorize the Siletz Tribe Revolving Credit Program (STRCP), Siletz Management Inc. (SMI) and the Siletz Tribal Business Corporation (STBC) to obtain any and all information necessary and to directly or through agency verify the information with other parties to process this application. I/We authorize the STRCP, SMI and the STBC to perform any investigation of my/our credit history and employment history. If a loan is granted, the STRCP, SMI and the STBC is authorized to disclose my account history and transaction(s) history to a national credit bureau including but not limited to TransUnion. I/We am hereby informed the STRCP, SMI and the STBC will retain this application and the information used to process this application. This application will be used for informational purposes if I/we choose to submit any future loan application(s), even if this application is not approved and a loan is not granted. I/We further authorize the STRCP, SMI and the STBC to provide any documentation and information supplied in this application to any insurer that may request said information.

By signing this application, and if loan is approved, the CTSI Tribal Member acknowledges and agrees to be the personal guarantor of this loan. If the loan should ever default, the STRCP reserves the right to collect any past due monies owed to the STRCP through the garnishment of per capita via CTSI Tribal Court.

Acknowledged and agreed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
CLIENT Signature

\_\_\_\_\_  
CLIENT Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

\*Please note that all owners must sign this loan application and complete an application in order for this loan request packet to be considered complete.

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Please Contact:  
Siletz Management, LLC  
Attn: Credit Administrator  
(ph) 541-994-2142  
(fax) 541-994-8973  
controller@stbcorp.net

Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Tribal Member and/or Indian Preference apply to hiring and Federal and Tribal laws may also limit program assistance to Tribal members. Otherwise, Tribe will not discriminate in selection because of race, creed, age, sex, color, national origin, physical handicap, marital status, politics, membership, non-membership in an employee organization. Reasonable accommodations to individuals with handicaps available upon request.

## Business Information

The questions below are meant to serve as a guide and should be answered/outlined in your business plan. You must submit a business plan and financial reports for your application to be considered complete.

1. What product or service will be provided? Please describe in detail.
2. Describe your business location(s). How will you operate? What will be the hours of operation?
3. Who are your competitors? List names of businesses and how your business will differentiate from theirs.
4. Describe your marketing plan and activities. How do you distribute your product or service?
5. How will you price your product or service? If applicable, provide copies of contracts, letters of interest, or invoices.
6. Describe the management team's expertise and experience and how it relates to the business operation.

## Financial Information

Please attach the following financial information to the application or include the information in your business plan.

### Existing Businesses:

#### Historical Financial Statements

1. Balance sheets and income statements (or tax returns) for the last three years.
2. Interim Balance Sheet and Income Statement dated within 90 days.
3. Personal financial statement (of all owners and guarantors) dated within 90 days, detailing personal assets and liabilities, as well as sources and uses of personal income.
4. Financial projections for three years composed of:
  - a. Monthly detailed Cash Flow Statements
  - b. Income Statements
  - c. Balance Sheets
  - d. Break-even Analysis

### New Businesses:

1. Financial projections for three years composed of:
  - a. Monthly detailed Cash Flow Statements
  - b. Income Statements
  - c. Balance Sheets
  - d. Break-even analysis

## Resource Links

Additional information and resource links are available at the Siletz Tribal Business Corporation website. There, you can use fillable .pdf application forms and financial templates.

Siletz Tribal Business Corporation	<a href="http://www.stbcorp.net">www.stbcorp.net</a>
ONABEN	<a href="http://www.onaben.org">www.onaben.org</a>
SCORE	<a href="http://www.score.org">www.score.org</a>
Small Business Association (SBA)	<a href="http://www.sba.gov">www.sba.gov</a>
OCCC Community College SBDC	<a href="http://www.oregoncoastbusiness.com">www.oregoncoastbusiness.com</a>
Oregon Native American Chamber	<a href="http://www.onacc.org">www.onacc.org</a>
Oregon Association of Minority Entrepreneurs	<a href="http://www.oame.org">www.oame.org</a>

Also contact your local community college – ask about business planning classes.



**\*Keep this page for information – Do not return with your application**

## Applicant Checklist

This application will not be considered complete until the following items are submitted.

- Completed Application
- Proof of Income
- Business Plan
- Break Even Analysis
- 12 Month Cash Flow Statement – Projected
- Three Year Income Statement – Financial Projections
- Current Business License – documentation that authorizes your company to do business
- Current Proof of Insurance
- Partnership agreement – if applicable
- Letters of Intent to do business – if applicable
- Price Quotes that document use of requested funds
- Certificates of Completion – Diplomas (Small Business Development) – if applicable
- \$10.00 non-refundable application fee

Please submit your *complete* application with the non-refundable application fee to the STRCP in person or by sending to:

**STRCP**  
**2120 NW 44<sup>th</sup> St. Suite D**  
**Lincoln City, OR 97367**

The application fee is \$10.00 – the STRCP accepts check or money order. Cash is accepted only in person and change cannot be given.

If you have questions about the application process or the STRCP, please contact us at 1-877-564-7298.

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