

## Siletz Tribe Revolving Credit Program Small Business Loan Application (Co-Owner)

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

**Co-Owner Information** – Please provide all information and attach to the master Small Business Loan Application. Upon completion of this form please sign the Release of Information located on the master application. A credit report will be obtained using TransUnion.

Last Name:			SSN:	
First Name:	MI:		CTSI Roll #:	
Address:			DOB:	
City:	State:	Zip:		
Mailing Address (If diffe	rent):			
County of Residence:				
Phone #:			Email:	
Employment & Inc	ome Information:			
Employer:			Position/Titl	e:
Address:			How Long:	
City:	State:Zip:			
Name of Supervisor:			Phone:	
Email (if applicable):				
( <b>Required</b> – Please atta	ach one month proof of inco	me) <u><b>Monthly</b></u>	Gross Income \$	
Per Capita not conside	red a source of income			
Other Source of Income	(Please attach proof):			
How Often? (monthly, v	early, etc.):		Amount: \$	
D			11. 1	
Please list the neares	t relative not living with y	wi.		
	t relative flot living with y		Relationship:	
Address:			Phone:	
City:	State: Zip:			

Have you checked with CTSI Administration to see if program or grant funding could pay for what you need?

## **Debt & Assets of Co-Owner**

1. 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:		\$		\$	\$	
Total	N/A	\$	N/A	\$	\$	N/A

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

2.7.05cc5 List an applicable assets, attach separate sheet of	
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	\$
Total Assets	\$

3. 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		\$	\$
Total Liabilities		\$	\$

<sup>\*</sup>A credit report will be obtained using TransUnion.

Office Use Only – Do not write in this space				
Please Contact: SMLLC, c/o STBC [STRCP Loan Administrator]	Applicant Name:			
2120 NW 44th Street, Suite D Lincoln City, Oregon 97367	DOB:			
(ph) 541-994-2142	SSN:			

	e applicant own more than 20 of Company:	· ·		No	
	ounts, Inventory, or Equipment of Institution:				
	taxes currently past due by th				
Do you	have any unsatisfied judgmen	ts against you?	Yes 🗆 No 🗀 Unsi	ure	
Have yo	ou declared bankruptcy in the	last ten years?	Yes 🗆 No 🗀 Unsu	ure	
•	ı obligated to make alimony, c ılease list who payments are n	• •	nance payments?	□No	
	. ,		Amount: \$		
	currently have a loan with the lease provide the following in		No		
	Loan Number:		Amount Borrowed:	\$	
	Current Principal Balance:	\$	Monthly Payment:	\$	
1.	Have you previously applied for the state of				
2.	Have you had any previous loans through the STRCP? $\Box$ Yes $\Box$ No If yes, please provide the following information:				
	Number of Loan(s): Consum	 er                     Home Improve	ment   Business		
	Please list loan number(s) and	d the amount borrowe	d:		
3.	Have you ever been late on y	our payment(s)?	☐ Yes	□ No	
4.	Have you ever been subject t previous loans borrowed from		ent through CTSI Tribal Cou	rt due to non-payment for an ☐ No	У
5.	What action was taken? Garnished Payment Agreement Dismissed Other Please explain the action taken:				