



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

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Lincoln City, Oregon 97367
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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 different): _____

County of Residence: _____

Phone #: _____ Email: _____

Employment & Income Information:

Employer: _____ Position/Title: _____

Address: _____ How Long: _____

City: _____ State: _____ Zip: _____

Name of Supervisor: _____ Phone: _____

Email (if applicable): _____

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

Per Capita not considered a source of 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: _____

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.

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		\$	\$

*A credit report will be obtained using TransUnion.

Office Use Only – Do not write in this space

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

Applicant Name: _____

DOB: _____

SSN: _____

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: \$ _____

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: _____

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