



# Siletz Tribe Revolving Credit Program

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

Amount Requesting: \$ \_\_\_\_\_

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

Purpose of Loan Request: (Be specific: Include why you are requesting the loan)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Primary Applicant Information:

Must be specific: Please attach more information if needed.

First Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ CTSI Roll #: \_\_\_\_\_

Street Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

## Co-Applicant Information:

First Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ CTSI Roll # (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

**Employment & Income Information:**

**PLEASE PROVIDE THE STRCP WITH A TWO-YEAR WORK HISTORY AND AN EXPLANATION OF ANY GAPS.**

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

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

Email (if applicable): \_\_\_\_\_

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

Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Source(s) of Income \* (Please attach proof):

Source: \_\_\_\_\_

\$ \_\_\_\_\_ How Often? (Monthly, yearly, etc.): \_\_\_\_\_

**\*Per Capita is not considered a source of income.**

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**Co-Applicant:**

**Employment & Income Information:**

**PLEASE PROVIDE THE STRCP WITH A TWO-YEAR WORK HISTORY AND AN EXPLANATION OF ANY GAPS.**

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

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

Email (if applicable): \_\_\_\_\_

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

Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Source(s) of Income \* (Please attach proof):

Source: \_\_\_\_\_

\$ \_\_\_\_\_ How Often? (Monthly, yearly, etc.): \_\_\_\_\_

**\*Per Capita is not considered a source of income.**

**Debt & Expenses**

Debt is used to calculate your debt-to-income ratio (DIR) and your DIR is a deciding factor for approval or denial of your loan request. Your DIR is a percentage that compares your monthly debt expenses to your monthly gross income. Examples of monthly expenses are housing costs, such as rent or mortgage payments, monthly minimum credit card payments, car payments and any other personal loans. Utilities are not used when calculating your DIR.

**Housing**

Amount (per month): \$ \_\_\_\_\_

- Rent
- Mortgage
- Tribal Housing
- Other (please explain): \_\_\_\_\_  
(Example: If you're staying with friends or relatives and you pay a certain amount each month)

**Automobile(s)** please attach sheet if more information is needed.

Year	Make	Model	Account Holder	Original Amt.	Monthly Pmt.

**Debt** – please list all known debt including open and any closed accounts.

Account Type (credit card, charge card, loan, etc.)	Name of Creditor	Open/ Closed	Balance	Monthly Pmt.

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

If yes, please list who payments are made to.

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

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

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

If yes, please provide the following information. *Please complete "Applicant History with the STRCP"*

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

### Credit History

Please answer the following questions. If you answer yes to any of the following questions, please explain the information to best of your ability. You may provide the supporting documentation by using the space below or by attaching separate documents to your application. Please note, a credit report will be obtained using TransUnion and is considered a hard pull.

- 1. Do you have any collection accounts?  Yes  No  Unsure
- 2. Do you have any unsatisfied judgments against you?  Yes  No  Unsure
- 3. Have you declared bankruptcy in the last ten years?  Yes  No  Unsure

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### Applicant History with the CTSI (Questions also apply to current loan accounts)

- 1. Have you considered any of the following resources?
  - a. Home of Your Own Program  Yes  No
  - b. Housing Assistance  Yes  No
  - c. Down Payment Assistance  Yes  No
  - d. Low Rent Apartments/Home Ownership  Yes  No

### Applicant History with the STRCP (Questions also apply to current loan accounts)

- 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: \_\_\_\_\_

\_\_\_\_\_

**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 Tribe Revolving Credit Program, Siletz Management, LLC, its members, managers, 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.

**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, LLC (SMLLC) 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, SMLLC and the STBC to perform any investigation of my/our credit history and employment history. If a loan is granted, the STRCP, SMLLC and the STBC is authorized to disclose my account history and transaction(s) history to a national credit bureau. I/We am hereby informed the STRCP, SMLLC 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, SMLLC 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, SMLLC and/or STBC reserves the right to collect any past due monies owed to the STRCP through the garnishment of per capita via CTSI Tribal Court.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Save As**

Office Use Only – Do not write in this space.

**Print**

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