



Siletz Tribe Revolving Credit Program

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

Amount Requesting: \$ _____ Date: _____

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

Must be specific: Please attach more information if needed.

Primary Applicant Information:

Last Name: _____ SSN: _____

First Name: _____ MI: _____ CTSI Roll #: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different): _____

County of Residence: _____

Phone #: _____ Email: _____

Co-Applicant Information:

Last Name: _____ SSN: _____

First Name: _____ MI: _____ CTSI Roll # (if applicable): _____

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: \$ _____

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

**Per capita is not considered a source of income*

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: _____

Co-Applicant:

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: \$ _____

Other Source of Income (Please Provide Proof)*: \$ _____

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

How Often? (monthly, yearly, etc.): _____ Amount: \$ _____

Previous Employer: _____ How Long: _____

Have you checked with CTSI Admin to see if a program or grant could provide funding for what you need?

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): \$ _____

- Own
- Mortgage
- Tribal Housing
 - Rent
 - Ownership Program: Is the house conveyed? Yes No
- 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: _____ Amount: \$ _____
 Name: _____ 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
- 4. Do have any existing liens against your home? Yes No Unsure

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: _____

Cost & Materials

Qty.	Item	Supplier	Cost

1. Are you making these repairs yourself? Yes No
 2. Are you hiring a contractor to make these repairs or improvements? Yes No
 3. Have you received two separate contractor bids/estimates (required)? Yes No
- If yes, please attach estimates and provide the following information:

Estimate One:
 Name of Business: _____ Contact: _____
 Contractor License#: _____ Phone: _____

Estimate Two:
 Name of Business: _____ Contact: _____
 Contractor License#: _____ Phone: _____

Applicant Checklist

This application will be considered incomplete until the following items are submitted.

Non-Tribal Housing Applicants	CTSI Tribal Housing Applicants
<input type="checkbox"/> Proof of home owners insurance	<input type="checkbox"/> Home Owner Opportunity Agreement OR
<input type="checkbox"/> Copy of your most recent property taxes	<input type="checkbox"/> Residential Lease of Tribal Owned Land (conveyed)
<input type="checkbox"/> Lien and judgment report	<input type="checkbox"/> Quick Claim, Assignment, Conveyance & Release
<input type="checkbox"/> Contractor Licenses	<input type="checkbox"/> Lien and judgment report
<input type="checkbox"/> (2) Written Estimates	<input type="checkbox"/> Contractor Licenses
<input type="checkbox"/> One month proof of income	<input type="checkbox"/> (2) Written Estimates
<input type="checkbox"/>	<input type="checkbox"/> One month proof of income

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, LLC, 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.

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 (SM LLC) 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, SM LLC and the STBC to perform any investigation of my/our credit history and employment history. If a loan is granted, the STRCP, SM LLC 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, SM LLC 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, SM LLC 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, SM LLC 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.

Client/Applicant Signature

Date

Co-Client/Applicant Signature

Date

Office Use Only – Do not write in this space.

Please Contact:
SM LLC, c/o STBC [STRCP Loan Administrator]
2120 NW 44th Street Suite D
Lincoln City, Oregon 97367

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.