

**Three Affiliated Tribes
Small Loans Department
APPLICATION**

APPLICANT			CO-APPLICANT		
First Name	Middle Name	Last	First Name	Middle Name	Last
Date of Birth		SS #	Date of Birth		SS #
Home Phone	Work Phone	Enrollment #	Home Phone	Work Phone	Enrollment #
RESIDENCE			CO-APPLICANT RESIDENCE		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Own, Rent Who do you stay with?		How Many Yrs.	Own, Rent Who do you stay with?		How Many Yrs.
EMPLOYMENT			CO-APPLICANT EMPLOYEMENT		
Employer	Occupation		Employer	Occupation	
Employer Address			Employer Address		
City	State	Zip Code	City	State	Zip Code
INCOME or IIM			OTHER INFORMATION		
Salary or Rate Per Hour	Other:		Nearest Living Relative	Phone	
Total Income			Address		
Name of Bank		Checking/Savings/Both	Account Number		
Reason for Loan:			Amount of Loan?		
Pledged Collateral:					
Loan Type:					
<input type="checkbox"/> Funeral <input type="checkbox"/> Education <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> IIM * must repay loan obligation with Farm/Lease, Oil & Gas Lease					
<i>The undersigned hereby authorizes the Small Loan Program to initiate a credit investigation based upon the above information which has been voluntarily provided by myself and warrants the truth and accuracy of the information. The undersigned further warrants that a bankruptcy proceeding is neither presently in progress nor anticipated.</i>					
NOTE: There is a \$50.00 Admin. Fee Required. The Filing Fee must be paid before the check can be released if approved. MONEY ORDERS: Can be made out to <i>Small Loans Program</i> CASH: Will be accepted					

I agreed to repay this loan obligation with Farm, Grazing lease, Oil & Gas Royalties

Applicant Signature

Date

Co-Applicant/Co-Signer

Date