

Colville Tribal Credit Corporation Loan Application

P.O. Box 618 Nespelem, Washington 99155 Website: colvilletribalcredit.com Work # (509) 634-2664

FAX # (509) 634-4707

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Gender:		t a pui pose (for example	use: debt consolidation, auto,	home)				
	Gender: [] Male or []Female			CO-APPLICANT/SPOUSE Gender: []Male or []Female		
Initial	Last Name			First Name	Initial	Last Name		,	
	Time at Addr	ess		Mailing Address		Time at Address			
		State	Zip Code	City			State	Zip Code	
Residence Address				Residence Address					
				Email Address:					
Driver's Lice	ense # and St.	Current CCT	Tribal ID#	Social Security Number	Driver's License # and St.		Current CCT Tribal ID #		
Contact Te	lephone Numb	er	# Dependents	Date of Birth	Contact Telephone Number		I	# Dependents	
Marria	d Sanara	ted Unn	parried (in	cludes Single Divorced	Widowed)				
Applicant (circle one): Married Separated Unmarried (in Other Names Used (Maiden)				Other Names Used (Maiden)					
Name of Nearest Relative Not Living With You Rela				Name of Nearest Relative Not Living With You			Relationship		
Mailing Address		Home Phone Number		Mailing Address		Home Phone Number			
Personal Reference		Relationship		Personal Reference		Relationship			
Mailing Address		Home Phone Number		Mailing Address		Home Phone Number			
A	ttach pay st	ubs, if self-	-employed o	or seasonally employed, ple	ease attach inc	come tax returi	ns		
Branch of S	ervice)			Current Employer (If Military,	Branch of Service	e)			
Address/Unit Telephone Number/Ext.				Address/Unit Telepl		Telephone Numb	ne Number/Ext.		
City		State Zip Code		City			State	Zip Code	
Position/Grade Hourly Rate		How Long Position/Grade		Hourly Rate					
Former Employer & Position How Long				Former Employer & Position		How Long			
			•				•		
Type How Long						How Long	Monthly Amount		
ype How Long		Monthly Amount		Type F		How Long	Monthly Amount		
	Driver's Lice Contact Tel Married iving With Y A Branch of S	Initial Last Name Time at Addr Driver's License # and St. Contact Telephone Numb Married Separa iving With You Attach pay st Branch of Service) Telephone Nu Position/Grade How Long additional income (nal information to be	Initial Last Name Time at Address State Driver's License # and St. Current CCT Contact Telephone Number Married Separated Unn Wiving With You Relationship Home Phone Relationship Home Phone Attach pay stubs, if self- Branch of Service) Telephone Number/Ext. State Position/Grade Hourly Rate How Long Additional income (rent, stock nal information to be furnished to the furnished manual information to be	Time at Address State	Initial Last Name First Name Time at Address Mailing Address State Zip Code City Residence Address Email Address: Social Security Number Contact Telephone Number # Dependents Date of Birth Married Separated Unmarried (includes Single, Divorced, Other Names Used (Maiden) Viving With You Relationship Name of Nearest Relative Not Living With You Relationship Personal Reference Home Phone Number Mailing Address Relationship Personal Reference Home Phone Number Mailing Address Attach pay stubs, if self-employed or seasonally employed, ple Branch of Service) Current Employer (If Military, Address/Unit State Zip Code City Position/Grade Hourly Rate How Long How Long Former Employer & Position additional income (rent, stock, retirement, etc). Income receive all information to be furnished only if you desire this income to be desired.	Initial Last Name First Name Initial	Initial Last Name First Name Initial Last Name Time at Address First Name Initial Last Name	Initial Last Name Initia	

Attach additional sheets if necessary.	nal Financial Statemen	t. Use a separate sheet for a Co-Applicant. I	Please indicate all proper	ty owned and debts owed.
ASSETS	Present Value	LIABILITIES	Pmts/mo.	Present Balance
Home		Rent or Mortgage and to Whom?		
Cash in Bank		Home Insurance and how often paid? Monthly		
Auto - Year, Make and Model		Auto		
Auto - Year, Make and Model		Auto		
Other Real Estate		Auto Insurance and how often paid?	¢	
Personal Property		Every month Other Real Estate	\$ -	
Other Assests		Colville Tribal Credit Unsecured Loan		
		Credit Cards and Other debt		
		Alimony/Child Support		
TOTAL:		TOTAL:		
Have you filed bankruptcy? If so, when	n?			
Would you like Life and/or Disability Insur	rance added to your	· loan?Yes orNo		
Have you been current on your property ta Which years has Tribal Credit paid?				
Have you within the last 5 years had force Which years	placed insurance fo	r home?No		
Have you within the last 5 years had force				_
Which years	4bii	4 N.		
Have you ever had a Guardianship or Cons	servatorsnip agains	t you?Yes orNo		
CUSTOMER COMMENTS				
I/We hereby authorize anyone to release income/credit inf evaluate my/our request for credit. I/We certify that all st				
from any source named in the application and from any c				
		_		
XApplicant	Date	X Co-Applicant	Date	