

Yakama Nation Credit

CONSUMER LOAN APPLICATION

Single Application

	Enterprise P. O. Box 1160 Toppenish, WA 98948				Phone (509) 865-5121, Fax (509) 865-4288						Joint Application			
155	Amount Requested: Purpose:			» :								Enrollment #:		
	Repayment Plan	1:				<u> </u>								
			APPLI	CANTS I	PERSON	NAL IN	FORN	MATIO	N					
First Name Middle Initial Last Name DOB				В А	Age Marital S			Status M/F Depende			ent(s) / Age(s)		Social Security No.	
Mailing Address City State Zip				Н	How long? Home F			ne Phon	Phone No. / Cell Phone No.			E-mail Address		
Street Address City State Zip				Н	How Long? Exp. I			. Date / Drivers license No. and S			nd State	e		
Nearest Family Member	er (Not living in sar	ne househ	iold)	Phone N	Number	Add	ress		City	State	Zip	Е	mployer	
PLEASE PRO	EMI OVIDE COPIES	OF LAS	T 2 P	AYROI	LL STU	JBS –	INDI	ICATE			C	R FUL	L TIME	
Present Employer / Department Employer's			PS Address City State Zip						Date Employed					
Occupation Work Phone/Ext. Super-			ervisor's Name Work Phone/Ext. Wages (check one) Monthly Hourly \$						Amount Hrs Worked Per Week					
Previous Employer (If less than two years) Add									How lo	long? Occupation				
	ADD	SECON							OF PAPE	R IF AP	PLICA	BLE		
First Name Middle Initial Last Name DOB			CO-APPLICANT INFORMATION OB Age Marital Status Dependent(s) / Age(s)) E	Enrollment No. / Tribe					
Address City State Z			ip H	Iome Pho	hone No.		Ex	Exp. Date / Drivers license			No. and State		Social Security No.	
Present Employer / Supervisor Address City State Zip			How	w long?	Occupation		ı	Work Phone		e#/Ext	# / Ext Hrs. Po		Hourly Wages	
Nearest Family Member (Not living in same household)			Phon	e Numbe	er A	Address City			City	State Zip		Occupation		
	T TOTAL I	PETODIN		TOTAL ID		· · · · · · · · · · · · · · · · · · ·	TOAN	TOD I	OTEM OTHER	TPOUID				
Assets	LIST ALL		G ASS	ETS – ID	ENTIF	Y APPI Owner			OINT OWN		ent Valu	ie		
Cash in Banks										\$				
Savings Account										\$				
Auto(s) Year / Make										\$				
Real Estate Owned										\$				
Cash Value Life Insurance	e (not face value)									\$				
Other Assets (Describe)										\$				
									Total Asse	ts \$				

DO NOT OMIT ANY DEBTS! LIST ALL EXISTING DEBTS OF APPLICANT										
List Name of Creditor and Address	A/J	Purpose or A		Original A	mt. Present Bal.	Monthly Pmt.				
Mortgagor or Landlord		Renting	Buying							
				\$	\$	\$				
Credit Card(s)										
				\$	\$	\$				
Cultural Heritage Center Shop										
				\$	\$	\$				
Tire Bill				1	·					
				\$	\$	\$				
Car Loan(s)				1	T	7				
				\$	\$	\$				
Other Creditors / Tribes				Ψ	Ψ	Ψ				
				d)	d)	, c				
Furniture				\$	\$	\$				
Yakama Nation Credit Enterprise				\$	\$	\$				
Tuning Tuning Steel Enterprise										
		<u> </u>		\$	\$	\$				
TOTAL MONTHLY OBLIGATIONS \$										
IF YOU ANSWER 'YES' To										
Are any of your debts past due?		you ever had your sessed?	vehicle or		Have you or your co-a oankruptcy?	pplicant ever declared				
Yes No	repos	Yes	No		Yes	No				
DETAILS:										
HAVE YOU OMITTED ANYTHING? INCOMPLETE APPLICATIONS CANNOT BE PROCESSED										
MATE TOO OMITIES INTIMING, ENCOME SETE ATTEICATIONS CANNOT SET ROCESSES										
CSO / Central States Health & Life: Please select one of the following coverage plans (Ask your Credit Officer about Payment Options)										
LIFE INSURANCE (Requ	ired per Y	NCE Declaration	n of Polici	ies and Plan of	Operation)					
					_					
LIFE INSURANCE PLUS	DISABIL	ITY INSURANC	CE (Option	nal: Primary b	orrower only, age 7	0 & over not eligible)				
DI FACE DEAD DEFODE CICNING										
PLEASE READ BEFORE SIGNING:	•									
In accordance with the Declarations of Po	olices and	d Plan of Operation	on Title 20	-Section D: Fa	actual Applications:	"If the applicant/co-				
applicant falsifies his/her application or o	conceals	his/her liabilities,	loan(s) wil	I not be appro	ved."					
The undersigned specifically acknowledge(s) and agree(s) that: Verification of any information contained in the application may be										
made at any time by the Lender, it's agents, successors and assigns, either directly or through a credit reporting agency, from any										
source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not										
approved.										
Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our										
signature(s) on this application.										
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SIGNATURE OF APPLICANT		DATE	_ ^_ SI	GNATURE OF	CO-APPLICANT	DATE				