

	<b>Yakama Nation Credit Enterprise P. O. Box 1160 Toppenish, WA 98948</b>	<b>CONSUMER LOAN APPLICATION Phone (509) 865-7156, Fax (509) 865-4288</b>	<b>Single Application Joint Application</b>
	<b>Amount Requested:</b> \$	<b>Purpose:</b>	<b>Enrollment #:</b>
	<b>Repayment Plan:</b>		

APPLICANTS PERSONAL INFORMATION											
First Name	Middle Initial	Last Name	DOB	Age	Marital Status	M/ F	Dependent(s) / Age(s)	Social Security No.			
Mailing Address			City	State	Zip	How long?	Home Phone No. / Cell Phone No.		Work Phone No. / Ext.		
Street Address			City	State	Zip	How Long?	Exp. Date / Drivers license No. and State				
Nearest Family Member (Not living in same household)				Phone Number	Address			City	State	Zip	Employer

**EMPLOYMENT INFORMATION REGARDING APPLICANT**  
**PLEASE PROVIDE COPIES OF LAST 2 PAYROLL STUBS – INDICATE IF: SEASONAL OR FULL TIME**

EMPLOYMENT INFORMATION REGARDING APPLICANT									
Present Employer / Department		Employer's Address				City	State	Zip	Date Employed
Occupation	Supervisor's Name		Work Phone / Ext.		Wages (check one)		Amount		Hrs Worked Per Week
Previous Employer (If less than two years)			Address		City	State	Zip	How long?	Occupation

**ADD SECOND JOB ON ADDITIONAL SHEET OF PAPER IF APPLICABLE**

CO-APPLICANT INFORMATION													
First Name	Middle Initial	Last Name	DOB	Age	Marital Status	Dependent(s) / Age(s)		Enrollment No. / Tribe					
Address			City	State	Zip	Home Phone No.		Exp. Date / Drivers license No. and State		Social Security No.			
Present Employer / Supervisor				Address		City	State	Zip	How long?	Occupation	Work Phone # / Ext	Hrs. Per Week	Hourly Wages
Nearest Family Member (Not living in same household)			Phone Number		Address			City	State	Zip	Occupation		

**LIST ALL EXISTING ASSETS – IDENTIFY APPLICANT OR JOINT OWNERSHIP**

Assets	A / J	Ownership Code	Current Value
Cash in Banks			\$
Savings Account			\$
Auto(s) Year / Make			\$
Real Estate Owned			\$
Cash Value Life Insurance (not face value)			\$
Other Assets (Describe)			\$
<b>Total Assets</b>			<b>\$</b>

DO NOT OMIT ANY DEBTS! LIST ALL EXISTING DEBTS OF APPLICANT						
Name of Creditor	Address and City	A / J	Purpose or Acct. No.	Original Amt.	Present Bal.	Monthly Pmt.
Mortgagor or Landlord			Renting      Buying	\$	\$	\$
Credit Card(s)				\$	\$	\$
Cultural Heritage Center Shop				\$	\$	\$
Tire Bill				\$	\$	\$
Car Loan(s)				\$	\$	\$
Other Creditors / Tribes				\$	\$	\$
Furniture				\$	\$	\$
Yakama Nation Credit Enterprise				\$	\$	\$
<b>TOTAL MONTHLY OBLIGATIONS \$</b>						

IF YOU ANSWER 'YES' TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS BELOW		
Are any of your debts past due?	Have you ever had your vehicle or property repossessed?	Have you or your co-applicant ever declared bankruptcy?
Yes      No	Yes      No	Yes      No
<b>DETAILS:</b>		

**HAVE YOU OMITTED ANYTHING? INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

<b>CSO / Central States Health &amp; Life: Please select one of the following coverage plans (Ask your Credit Officer about Payment Options)</b>
LIFE INSURANCE (Required per YNCE Declaration of Policies and Plan of Operation)
LIFE INSURANCE <u>PLUS</u> DISABILITY INSURANCE (Optional: Primary borrower only, age 70 & over not eligible)

**PLEASE READ BEFORE SIGNING:**

In accordance with the Declarations of Polices and Plan of Operation Title 20-Section D: Factual Applications: "If the applicant/co-applicant **falsifies** his/her application or conceals his/her liabilities, loan(s) will not be approved."

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.

  
  

X _____	X _____
SIGNATURE OF APPLICANT	SIGNATURE OF CO-APPLICANT
DATE	DATE