

	Yakama Nation Credit Enterprise P. O. Box 1160 Toppenish, WA 98948	CONSUMER LOAN APPLICATION Phone (509) 865-5121, Fax (509) 865-4288	Single Application Joint Application
	Amount Requested: \$	Purpose:	Enrollment #:
	Repayment Plan:		

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.	E-mail Address		
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	Work Phone/Ext.	Supervisor's Name	Work Phone/Ext.	Wages (check one)		Amount	Hrs Worked Per Week		
				Monthly	Hourly	\$			
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)			\$
Total Assets			\$

